THE INTERNATIONAL JOURNAL
OF
PSYCHO-ANALYSIS

VOLUME XVI OCTOBER 1935 PART 4

THE LOGIC OF EMOTIONS AND ITS DYNAMIC BACKGROUND [1]

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I. Emotional Syllogisms

Our understanding of psychological connections is based on the tacit recognition of certain causal relationships which we know from our everyday experience and the validity of which we accept as self-evident. We understand anger and aggressive behaviour as a reaction to an attack; fear and guilt as results of aggressiveness; envy as an outgrowth of the feeling of weakness and inadequacy. Such self-evident emotional connections as 'I hate him, because he attacks me', I shall call emotional syllogisms. Just as logical thinking is based on intellectual syllogisms, the 'logic of emotions' consists of a series of emotional syllogisms. The feeling of the self-evident validity of these emotional connections is derived from our daily introspective experience as we witness these emotional sequences in ourselves, probably from the first moment after birth until death. Just as the logic of intellectual thinking is based on repeated and accumulated experiences of relations in the external world, the logic of emotions is based on accumulated experiences of our own international emotional reactions. The logic of intellectual thinking is the crystallized product of external, the logic of emotions is crystallized in the same way out of internal, experiences. As such, the logic of emotions is more ancient than logical thinking, which probably explains its ability to overpower intellectual processes.

[1] Based on an address presented at the Mid-Winter Meeting of the American Psycho-Analytic Association, December 22, 1934.

It is quite justifiable to call these emotional causal sequences ' the logic of emotions ' because they seem to us almost as binding as those intellectual relations which are the basis of logical thinking. We say, for example, ' It was quite logical that A gave such an emotional answer to B because we heard that B had insulted him '.

The psycho-analytic method has extended the possibility of such causal explanations also to psychic phenomena which seemed previously irrational and inexplicable. It shewed that often in the chain of mental processes some of the links are not conscious and that in such cases unconscious links can be reconstructed which are connected by the same kind of psychological causality as conscious mental processes. The reconstruction of unconscious emotional links made a wide range of seemingly irrational psychic processes, such as neurotic symptoms, accessible for psychological explanation. Every psycho-analytic reconstruction of the patient's psychic development consists of such emotional syllogisms. Psycho-analytic interpretations are to a great extent applications to unconscious processes of emotional syllogisms which we know from our conscious mental life. If we investigate closely any of our psycho-analytic concepts, we recognize that they are based on these tacitly accepted connections in emotional life. Thus, for example, the Œdipus complex consists of a number of such syllogisms. *Because* the little boy feels that the father interferes with his possessive attitude towards the mother, he develops aggressive feelings against the father. Another feature of the same complex reveals a different emotional connection. *Because* the little boy feels that he is small and the father is big, he envies the father's strength. That possessive love does not tolerate competitors and that envy is a reaction to weakness, is, in this case, the logic of emotions which is exemplified by the Œdipus complex.

Though many such emotional connections are well known and tacitly accepted as universally valid characteristics of man's nature, psycho-analysis has also described emotional relations which are not so self-evident and which we do not know from our every-day life without some reflection. Thus, from every-day experience one is acquainted with guilt feelings, but the understanding of a guilt reaction is not so self-evident because it is not entirely a conscious reaction. However, after some reflection, everyone can understand from his own experience that a sense of guilt arises when hostility is directed towards a person for whom at the same time love and gratitude is felt. On the other hand, even the most careful introspective reflection

could not establish the fact which psycho-analytic technique has revealed—that the hostile intention might be even entirely unconscious and yet provoke a sense of guilt that a person consciously feels without knowing its origin. This explanation of guilt feelings from unconscious hostilities is based on an emotional connection which we know from the psychology of conscious processes, the validity of which, however, is then extended to include unconscious processes.

In studying unconscious processes, especially dreams, it soon became obvious that the emotional logic of unconscious processes, though similar to the logic of conscious processes, is not entirely identical with the latter. In his *Interpretation of Dreams*, Freud has shewn that unconscious thinking does not follow the rules of conscious thinking, that the strict rules of logic are not valid for unconscious thinking. Simple logical postulates, such as that if a thing is in one place it cannot be in another place at the same time, are not recognized in the dream. Freud also shewed that in dreams causality is expressed by temporal sequence, that the difference between assertion and negation is much less distinct, and that a statement can be expressed by its opposite. Moreover the critical faculty of differentiating between objects is not so highly developed in the unconscious. In dreams one object can be substituted for another, even if there is very little essential similarity between them. All these differences refer, however, to intellectual faculties and shew that the dream processes are characterized by less precision of the intellectual functions. It seems that the fundamental emotional connections which I call ' the logic of emotions ' are about the same in consciousness and in the unconscious. Fear and guilt as a reaction to hate and attack, envy as a reaction to the feeling of weakness, jealousy as a reaction to possessive love, govern both conscious and unconscious processes. If anything, these emotional syllogisms appear in the unconscious even more frankly because they are less disturbed by the correction of rational critical insight. One can express this difference by saying that conscious mental processes are characterized by fuller development of certain critical intellectual functions, by a more precise differentiating faculty, whereas the logic of emotions seems to appear more frankly and forcefully in the unconscious. Furthermore there are a series of emotional reactions or syllogisms in the unconscious which to the conscious mind of the adult appear somewhat strange and peculiar. The principle of Talion, eye for an eye, tooth for a tooth, has a much more strict validity for the unconscious than for the

conscious mind of a civilized adult. The civilized adult will still recognize this emotional syllogism as human but it appears to him somewhat primitive or archaic and he will not apply it with the same naive certainty as a logical law. For the unconscious, however, the principle of Talion is just as binding as is for the conscious mind the logical syllogism that if A is equal to both B and C, then B is equal to C.

The strangeness of some of the emotional syllogisms governing unconscious processes is one of the reasons why psycho-analysis seems to the lay mind so abstruse. One often hears the layman saying that people do not feel and react as psycho-analysts state ; that the psychology of psycho-analysis is not human. The study of children or primitive people, whose behaviour is still frankly governed by these primitive emotional syllogisms, shews, however, that they are not only human but even more fundamental than the later acquired modifications of the emotional life.

To a large extent the development of psycho-analysis consisted in the discovery and formulation of different archaic emotional syllogisms which rule the unconscious processes. I refer in the first place to one of the most brilliant discoveries of Freud : the emotional syllogism that underlies the paranoid delusion of persecution in men.[2]

'I do not love him, I hate him', is the first part of the syllogism determined by the rejection of female tendencies felt toward a man, a rejection which is based on the wounded narcissism of the masculine ego.

The second link of the syllogism is, 'I hate him because he persecutes me.'

The emotional logic of this mechanism is obvious : hostility can be accepted by the ego if it seems a justified reaction to being attacked.

The psychology of conscience, of which we speak in structural terms as the relation of ego and super-ego, can only be understood on the basis of such primitive emotional reactions. So, for example, the foundation of the compulsion neurosis is the principle that suffering is felt by the ego not only as an atonement for guilt but even as a source of justification for indulgence in forbidden gratification. This emotional syllogism which underlies the complicated system of obsessional and compulsive symptoms, is often referred to as the

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[2] Freud, S. : 'A Case of Paranoia,' in *Collected Papers*, Vol. III, London, Hogarth, 1925, pp. 448–49.

bribery of the super-ego by suffering. It can be verbalized as follows : ' Since I suffer and submit myself to extreme restrictions, I have the right to indulge in forbidden gratifications.'

Rado has described a somewhat similar emotional syllogism as of fundamental significance for the understanding of depression. Here suffering and self-inflicted punishment are used not only for atonement and as a justification for transgressions (as in the compulsion neurosis) but also as an appeal for love, ' because I am suffering so much, therefore I deserve to be loved by you '.[3]

Another type of emotional logic forms the basis of a more complicated mechanism which Freud described as homosexuality resulting from over-compensated rivalry. This reaction can be divided into a series of partial emotional reactions. The whole emotional process is about the following : envy, hostile rivalry against the competitor causes guilt which requires humiliation before the competitor. If this need for humiliation is connected with the feeling of weakness toward the powerful competitor, it results in a female submission which is the basis of a passive homosexual attitude. This emotional syllogism, which is nearer to the female than to the male psychology, can be expressed as follows : ' You are too strong ; I cannot overpower you, but at least I wish to be loved by you '.

II. The Vector-Analysis of Psychic Processes

If we deprive these emotional sequences of their ideational content and only pay attention to the dynamic quality (direction) of the tendencies which participate in these emotional syllogisms, we come to simple dynamic relations similar to those in physics and chemistry. It is probable that such simple relations constitute also the fundamental dynamics of biological processes.

In many of these emotional syllogisms a common and striking feature is a certain polarity. It appears that the expression of a tendency is apt to provoke and strengthen its polar opposite : for example, suffering increases the tendency toward gratification and vice versâ, indulgence in a pleasurable gratification increases guilt

[3] Rado, Sandor : ' The Problem of Melancholia ', *International Journal of Psycho-Analysis,* ' Vol. IX, pp. 420–37, 1928. The emotional syllogism : suffering as an appeal for love, is even more clearly worked out in Rado's address, ' Unconscious Mechanism in Neurotic Depressions ', delivered at the Annual Meeting of the American Psychiatric Association in Boston, 1933.

which then gives rise to an inhibitory reaction against the gratification. Furthermore extreme masculine aggressive competition is apt to strengthen the polar opposite passive female tendency ; and passive female tendencies again by wounding the masculine narcissism stimulate the masculine attitude. Dependence stimulates the opposite tendency toward independence ; effort and struggling increase again the polar opposite with to be helped and to lean upon a strong helper.

This polarity of the mental life which can be compared with the law of action and reaction in physics is, as we will see, by no means the only dynamic principle expressed in these emotional syllogisms.

In the investigation of psychogenic organic disturbances it has proved of great value to study psychic processes according to their general dynamic direction (vector quality), while temporarily ignoring the manifold variety of their ideational content. During the analysis of organ neuroses we soon learned that very different psychological impulses with quite different specific content may lead to the disturbance of the same organic function. At first sight it seems that these psychogenic factors are not at all specific, that the same disturbance can be caused by a great variety of different psychological contents, seemingly unrelated to each other. Further analysis of these apparently unrelated psychic factors shewed, however, that they had one important feature in common, namely, the direction of the general dynamic tendency expressed by them. So, for example, organs with the functions of incorporation are apt to be disturbed by very different repressed tendencies. These tendencies, however, have one dynamic feature in common, namely, that they all express receiving or taking something. It has been observed that this general dynamic quality of a psychological content determines which kind of organ-function will be disturbed by it : the stomach functions can be disturbed for example by any one of the following heterogeneous group of repressed wishes : the wish to receive help, love, money, a gift, a child, or the wish to castrate, to steal, to take away something. The same group of wishes may also disturb other organic functions which involve incorporation, such as, for example, the inspiratory phase of the respiratory act or swallowing. The common feature in all these different tendencies is their centripetal direction ; they express receiving or taking something.

During our studies we have learned that it is necessary to differentiate between two forms of incorporation, between passive receiving and aggressive taking. Taking by force, the aggressive form of incor-

poration, develops as a rule as a reaction to thwarted receptive tendencies. The emotional syllogism underlying this process is: 'If I do not receive something, I have to take it by force'. Though for the purposes of psychological understanding it is of great importance to differentiate between the two qualities of passive receiving and aggressive taking, nevertheless with regard to their dynamic effect both of these tendencies belong to the larger category of intaking tendencies and are therefore suitable to influence the incorporative organic functions of both the gastro-intestinal tract and the respiratory system.

Another dynamic quality of similar importance is the eliminating tendency. This dynamic category also includes an enormous variety of psychological contents: to give love, to make an effort, to help to produce something, to give a gift, to give birth to a child, on the one hand, but on the other hand also the wish to attack someone (especially by throwing something at him). Any of these impulses, if repressed and excluded from voluntary expression, are apt to influence eliminating organic functions such as urination, defecation, ejaculation, perspiration, the expiratory phase of respiration. Here again, for purposes of psychological understanding it is of primary importance to differentiate between an aggressive form of elimination (anal attack) and a more constructive form consisting in producing and giving something of value (giving birth, for example). Thus we found that a psychogenic diarrhœa may be an unconscious substitute for an attack (described by Abraham), but it also may have the meaning of giving birth to a child or may be a substitute for a gift. Both the aggressive and the gift meaning of the excremental functions are well known in child psychology; they retain also the same infantile significance in the unconscious of adults.

A third dynamic quality, the significance of which has forced itself upon us during the analysis of gastro-intestinal neuroses, is that of retention. Here again a great variety of different psychological contents share the one common dynamic quality—that of retaining or possessing. Collecting different objects, ordering and classifying them (as a sign of the mastery of them), also the fear of losing something, the rejection of the obligation to give something, the impulse to hide and protect things from being taken away or from deterioration, and the mother's attitude towards the fœtus—all these may find expression in retentive physiological innervations. The best known of these is constipation, but it seems also that the retention of urine, retarded ejaculation and certain features of the respiratory act can

express the same tendencies. Within the category of retentive urges, it is more difficult to differentiate between a destructive and a more constructive quality, as we have been able to do in the case of the receptive and eliminatory tendencies. For a long time I did not find a satisfactory criterion for differentiating between constructive and destructive forms of retention. Suggestions of Thomas M. French helped, however, to formulate a satisfactory discrimination which corresponds well with the observed psychological material. Retention can be thought of as a constructive process, if it means assimilation as represented in the process of organic growth. Retentive tendencies expressed in the mother's attitude toward the fœtus and certain tendencies which we usually call anal erotic, such as a careful classification and organization of material or other protective tendencies, can be considered as more constructive manifestations of this dynamic quality, whereas the tendency to withhold from others, to hide something spitefully, as a revenge or with the tendency to hurt others, is a destructive manifestation of the retentive tendency.

Thus we differentiate three larger categories of psychological tendencies, *intaking*, *eliminating* and *retaining*. In each of these categories we differentiate again between a positive constructive and a negative destructive manifestation of the same tendency: in the first group, passive receiving and aggressive taking; in the second group, giving of a value and elimination for the purpose of an attack; and in the third, retaining in order to build up and withholding something from others. It is evident that the three main classes express fundamental urges, whereas the six subclasses are more complex tendencies which express not only the direction of the tendency but also a certain attitude (love or hate) toward external objects.

VECTOR-ANALYSIS OF PSYCHIC TENDENCIES

Tendencies classified according to their Fundamental Dynamic Quality. (Direction).	Tendencies in relation to Objects.
Incorporation	To receive. To take.
Elimination	To give a value. To eliminate in order. To attack.
Retention	To retain in order to build up.[4] To withhold from others.

[4] This tendency does not express an object relation but a relation to the self as an object.

After having differentiated between these general dynamic tendencies, it was no longer difficult to recognize certain emotional syllogisms which express in psychological terms the dynamic relations between these three fundamental tendencies. Only the recognition of these emotional connections has made possible the understanding of the psychological determinations of disturbed organ functions.

I shall discuss those emotional syllogisms which we have studied most thoroughly. I have already mentioned one of them. 'I do not receive and therefore I have to take by force'. This emotional reaction has been most important for the understanding of the origin of guilt feelings on account of oral incorporating tendencies. This guilt reaction to oral aggression, as I have shewn previously, plays an important rôle in gastric neuroses and in the formation of peptic ulcers.[5]

An emotional syllogism which is not so well known expresses another dynamic relation between aggressive taking and passive receiving. This is the inhibition of the desire to receive after the receptive urge has taken the aggressive form of wishing to take. The underlying emotional syllogisms can be formulated as follows: 'I cannot accept anything from a person whom I really want to rob'. This type of guilt reaction plays an important rôle in the child-parent relations. The castrative tendencies of the little boy toward the father make him unable to receive favours from the father, and become an obstacle to a positive identification with him. This same emotional syllogism is of primary importance also in gastric neuroses and in peptic ulcer formation; it explains the inhibition of oral receptive tendencies as a reaction to an extreme aggressive demanding attitude. These two emotional sequences concern dynamic relationships between two different subgroups within a single dynamic group, the receptive tendencies.

Let us now turn our attention to the relationship between two different categories of dynamic tendencies, the intaking and the eliminating. Indulgence in receptive tendencies often leads to the compensatory tendency to give. Abraham spoke of generosity as a reaction to oral receptive tendencies. The underlying emotional logic of this reaction can be described by three more or less independent

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[5] Alexander, Franz: 'The Influence of Psychologic Factors upon Gastro-Intestinal Disturbances'; Bacon, Catherine: 'Typical Personality Trends and Conflicts in Cases of Gastric Disturbances'; Levey, Harry B.: 'Oral Trends and Oral Conflicts in a Case of Duodenal Ulcer'. *Psychoanalytic Quarterly*, Vol. III, pp. 501–88, October, 1934.

emotional syllogisms: (1) 'I prefer to give rather than to receive because the giver is in a superior position', (2) 'If I am the giver, I am not so dependent upon the good will of others as I should be if I must receive from them', and finally (3) 'Because I received so much, I must give something in return'. The first syllogism has a narcissistic basis; the second is based on fear; the third is a guilt- or super-ego reaction. All these partial emotional reactions lead to strengthening the giving attitude as a reaction to indulgence in the receptive rôle.

A similar increased urge to give can also arise as a reaction to strong aggressive, taking tendencies. We found that this 'compensatory giving' is the emotional basis of many neurotic diarrhœas (mucous colitis).[6]

The following emotional syllogism expresses a relation of opposite character between receptive tendencies and the urge to give: 'I give so much and therefore I have the right to receive'. This is a mechanism which is also of fundamental importance for the understanding of certain psychological features and predominating character trends in cases of psychogenic diarrhœa. The diarrhœa is evaluated by the unconscious as a form of giving and is utilized to justify a strong and demanding attitude in life. Patients suffering from gastric neurosis or peptic ulcer are more apt to compensate for their strong unconscious receptive-dependent attitude by assuming responsibilities and by concentrated efforts in work; the compensatory mechanism of the colitis cases on the other hand is merely symbolic: the diarrhœa is often a substitute for real compensatory giving in life.

Also the relation between receiving and retaining is governed by several emotional syllogisms. 'I do not receive and therefore I must hold on to my possessions' is the best known example. This has been described by several authors who have written about the anal character. This emotional reaction has proved in our studies to be an important causative factor in psychogenic chronic constipation.[7]

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[6] Alexander, Franz: *loc. cit.* Wilson, George W.: 'Typical Personality Trends and Conflicts in Cases of Spastic Colitis'; Levine, Maurice: 'Pregenital Trends in a Case of Chronic Diarrhœa and Vomiting'. *Psychoanalytic Quarterly*, Vol. III, pp. 501–88, October, 1934.

[7] Alexander, Franz: *loc. cit.* Alexander, Franz: *The Medical Value of Psycho-Analysis*, New York, W. W. Norton & Co., 1932, p. 197. Wilson, George W.: 'Report of a Case of Acute Laryngitis occurring as a Conversion Symptom during Analysis', *The Psychoanalytic Review*, Vol. XXI, No. 4, pp. 408–14, October, 1934.

Our study of cases of chronic constipation have revealed also a more complicated emotional syllogism which also leads to increased retention. This emotional syllogism connects four different dynamic impulses: receptive, giving, aggressive eliminating and retaining tendencies. 'I receive so much that I must give something in return' is the first part of the syllogism. This strong urge to give, however, is rejected by the narcissistic nucleus of the ego. 'No, I do not want to give, and if I must give, then it shall be nothing better than excrement'. This expresses the resentment and the aggressive tendency against the one to whom one feels obligated. This aggressive attitude finally leads to fear of retaliation and to increased retention. Apart from this complicated dynamic connection, the strong urge to give directly increases the retentive urge by stimulating the fear that one will suffer loss by giving too much.

In studying these dynamic relationships, the principle of polarity is most striking. Indulgence in receiving stimulates retention, but on the other hand extreme retentive tendencies increase the sense of obligation to give. The principle of polarity is, however, not the only dynamic relationship. We saw, for example, that the positive form of elimination, giving, stimulates the aggressive form of elimination because the obligation to give causes resentment against the one to whom one gives (or has to give) so much. The well-known unconscious hostilities against those whom we love are based on this emotional relation. In this case it is not the polar opposite tendency that is stimulated but rather a parallel tendency. Similarly we see that the inhibition of receiving increases the urge for taking: both these impulses have the same direction and belong to the category of intaking tendencies.

The emotional connections within the retentive group are more obscure than those in the first two groups. The relationships between constructive and aggressive forms of retaining cannot yet be formulated in simple psychological terms. We see, however, that both biologic and social organisms increase their inner cohesive forces if attacked by external enemies, and often grow and flourish better when attacked than in peace. If there is a strong need for protection against loss the opposite tendency not only to holding on to possessions but also to inner consolidation and growth is stimulated. On the other hand, in a peaceful atmosphere the tendency to inner consolidation—probably a function of the retentive urge—often relaxes. Dynamically this means that the destructive form of retention stimulates its constructive

form, but it is difficult to translate this dynamic relation into psychological terms. The psychology of the retentive urges still needs further clarification.

The significance of this kind of vector-analysis of psychological impulses which attempts to recognize behind the variety of psychological content its fundamental direction, consists in the fact that those emotional syllogisms which connect these vector quantities are of a general validity and are equally applicable to a great number of different psychological connections. They can be compared to algebraic equations in which different values can be substituted for each other provided they possess the same vector quality. I refer to the publication of the Chicago Psychoanalytic Institute on ' The Influence of Psychologic Factors upon Gastro-Intestinal Disturbances ', regarding clinical examples illustrating the validity of vector-analysis, i.e. that different psychological impulses possess the same vector quality (for example, giving a gift, birth to a child, giving love, taking care of) have a similar influence on the corresponding organic functions.

The usefulness of the vector-analysis of psychological impulses is, however, not restricted to the understanding of gastro-intestinal disturbances. Experimental studies in which I am engaged, together with Leon Saul, suggest that psychic influences on the lung functions follow the same dynamic principles. It seems that receptive and aggressive taking tendencies can be expressed by the inspiratory act, and eliminating tendencies by the expiratory act. We hope that the psychological background of certain types of asthma can be understood by means of this type of psycho-dynamic studies.

Psychological influences on still other excretory processes can be understood upon a similar dynamic basis. In one of my patients, for example, a marked perspiration of the palms expressed hostile tendencies ; it was similar to psychogenic diarrhœa : a substitute for an attack. These mechanisms throw light on such general psychophysiological reflex phenomena as increased peristalsis and increased perspiration (cold sweat) in reaction to fear. We know that fear always provokes aggressions ; the coward who ' has no guts ' substitutes diarrhœa and ' bold perspiration ', a sort of symbolic attack in place of an effective attack on his enemy. These mechanisms, loosening of the bowels and ' cold perspiration ' in face of danger, though very common, must nevertheless be considered neurotic reactions because they do not fulfil a useful purpose. We may contrast this reaction for example with the increased adrenalin production in reaction to

fear, which has physiological consequences of so much value in mobilizing the energies of the individual for defence or flight.

In the light of this dynamic insight, those organ neuroses which consist in a disturbance in the biological functions of intaking, retaining and eliminating, can be considered as the outcome of a disturbance of the normal balance between these psychological tendencies. Within a certain range of individual differences, there seems to be a certain proportion between these fundamental tendencies which may be considered as normal. It is *probable* that these proportions are different in men and women, but it is *certain* that the normal ratio between giving and receptive tendencies in a little child is different from the corresponding ratio in a fully developed adult. In the little child, still in the process of mental and physical development, receptive urges are stronger in relation to giving tendencies than in adults. We consider it as evidence of neurosis if an adult retains the receptive dependent attitude of a child, because this does not correspond to his psychological and biological status. The psychological manifestation of this is seen in the sense of inferiority with which the adult ego reacts to such an infantile distribution of receptive and giving tendencies.

It is my conviction that this dynamic equilibrium between the three vector quantities, intaking, eliminating and retaining, is biologically conditioned, and represents the fundamental dynamics of the biological process : ' life '. Emotional syllogisms like those above cited are the reflection in consciousness of this fundamental biological dynamics which can be understood and described both in psychological and in biological terms.

The genetic study of the life history of patients with organ neuroses impressively demonstrates the sensitiveness of the dynamic equilibrium between these three fundamental tendencies. No one of them can be disturbed without upsetting the harmony of all of them. So for example if the receptive demands in childhood are met with continuous deprivations, this may lead to a deeply imprinted fear and to a pessimistic, defeatist outlook, which increases the retentive urges. ' I have never received sufficiently, so I must hold on to my possessions. I cannot give anything away because I never shall receive a substitute for it '. This strong withholding attitude may then increase a sense of obligation to give, and this sense of obligation as a rule causes deep resentments and consequent withdrawal from the environment. In other cases again we observe that early intimidations cause aggressions, which in turn through guilt reactions make it

impossible for the individual to accept support. This inhibition to receive increases the longing for help in the unconscious and at the same time may lead to an extreme compulsion to give in order to placate the guilt feelings.

The most important regulator of the balance between intaking, eliminating and retentive tendencies is genital sexuality, which constitutes a potent means of drainage for those fundamental psychodynamic urges which cannot find relief in social relations (sublimations). This draining function of the genital sexuality which Ferenczi postulated in his ' Theory of Genitality ' can be best demonstrated in the extreme case of perversions. Accumulated, unsatisfied aggressions against external objects may lead for example to a sadistic distortion of the sexual urge ; unrelieved guilt feelings similarly to a masochistic perversion and inhibited and accumulated curiosity to voyeur tendencies. This draining function of genitality explains why so often ' Lustmörder ' and pedophiliacs are extremely inhibited, crushed and weakly individuals who never can give expression to their aggressions in life. All these accumulated aggressions find a vent in their sexual activity. Similarly sexual exhibitionists are usually extremely modest and shy individuals who cannot give expression to their wish to impress others through the ordinary channels : through speech and gestures. They relieve all their pent-up narcissistic urges to shew off by exhibiting the penis, i.e. in form of their sexual gratification.

I am convinced that this draining function of genital sexuality is responsible for the central significance of genital disturbances in the etiology of neuroses and psychogenic organ disturbances. The genital system and the voluntary muscular system together take care of those impulses which are directed toward external objects. Genitality relieves those impulses which cannot be handled through the voluntary system. Vaginal gratifications certainly are the most effective relief for accumulated, unsatisfied receptive tendencies in life, and ejaculation is correspondingly the most powerful expression of the tendency to give. Both the genital and the voluntary systems are concerned in the external policies of the organism in contrast to the vegetative organs which manage the organism's internal affairs. If both the genital and voluntary outlets are obstructed, other artificial outlets must be developed : the vegetative functions become overcharged by being used for the expression of impulses which should normally be directed toward external objects and which do not constitute real vegetative aims. The neuroses of the gastro-intestinal tract and probably those

of the respiratory system are just such artificial outlets for accumulated receptive, taking, giving, attacking and retentive tendencies which, because of inhibitions, are unable to find normal outlet through either the voluntary or the genital systems. The intaking or eliminating or retentive nature of these inhibited tendencies, their vector quality, then determines the type of vegetative organ-function which will be disturbed.

THE PSYCHOLOGY OF PATHOS [1]

BY

ALFRED WINTERSTEIN AND EDMUND BERGLER

VIENNA

' Yes—wildest tyranny hath yet its limits !
When the oppress'd find nowhere earthly succour,
When the load grows past endurance—they appeal
To Heaven—call down their everlasting rights,
Suspended there—inalienate—inalienable—
Which God hath framed, and man may not destroy '.
Schiller, *William Tell*, II, 2. (Translation by W. Peter.)

The word ' pathos ' ordinarily signifies lofty expression *in speech* of a passionate emotion. But inasmuch as emotion and its expression in words overlap with one another, the word *πάθος*, signifying the state of suffering, of being carried away by emotion, is used to describe any vehement affect underlying this mode of expression, and in particular a mood of solemnity and exaltation. Pathos is not unknown, either, in music, architecture, painting and plastic art. The idea of it is readily associated with the notion of something inflated, vague, shallow, and rather spurious ; the type of person with little command of expression mostly regards the pathetic individual as half a lunatic, half a comedian. The pathetic southerner produces this effect on the northerner.

We do not apply the term ' pathos ' to describe the behaviour of children. True pathos only really develops with the onset of puberty ; when pathos marks a child's conversation, it leaves us with the impression of an imitation, of something ' secondhand '. This is in agreement with what clinical observations concerning the genesis of pathos reveal.

Those who have the task of bringing up children are accustomed to assume a pathetic tone when they reproach or instruct them. One has only to think of the number of times a child has to hear the pathetic exclamation : ' Faugh ! People don't do things like that ! ' When

[1] [The German words ' *Pathos* ', ' *pathetisch* ', have been translated by their English equivalents, but it is not necessary to read beyond the first line of the present paper to discover that the German sense of the words is very different from the English. The authors begin with a definition of the term, and later quote a passage from Kretschmer's book, *Physique and Character*, which will convey to the reader some notion of its significance. No adequate English rendering appears to exist.—Ed.]

children behave badly it stirs similar unconscious wishes in those who have charge of them, which are then exaggeratedly repudiated by means of the pathetic mood.

It is not rare to find children already reacting to reproaches, which whether justified or not are felt as a narcissistic wound, by adopting the same tone and automatically repeating them (' turning the tables ' : ' It is you, not I ' : projection on to others). After the super-ego has been set up as the internalized representative of the parents, its reproaches evoke the same pathetic reaction in response ; for the super-ego likewise converses with the ego in pathetic tones. One may say that the ordinary language (' officialese ') in which the super-ego converses with the ego is in the main pathetic.

It is necessary to note the fact, in itself a surprising one, that every reproach, no matter how nonsensical, evokes in the average man as a defence a reaction of pathos in some form : say, of abuse levelled at the ' enemy ', or of indignation at him. This state of affairs, in which reproaches, justified *and* unjustified, arouse a pathetic reaction, remains exactly the same whether the defence takes direct visible form or is masked by indifference ; whether it is loudly voiced, occurs as a thought, or remains a purely unconscious process. This indignation is logically so much the more difficult to understand, since every man's continued experience of the aggression of his fellows against himself must have led to its disappearance—if only by a process of hardening :

Ueber's Niederträchtige
Niemand sich beklage,
Denn es ist das Mächtige,
Was man dir auch sage.[2]—Goethe.

The explanation of the fact that, as we constantly see, attacks provoke an *inner* reaction of pathos (' the skunk ! ' ' the dirty crook ! ' etc.) even in the most insensitive individuals, is to be found in the *endopsychic* situation. The super-ego, in its chronic state of readiness to cast reproaches,[3] makes full use of every opportunity for reproaching

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[2] *No use to complain*
Of the baseness of one's fellows.
It has might behind it
Whatever folks maintain.

[3] Cf. the psychological and genetic differentiation between ' Daemon and ' ego-ideal ' sustained by Jekels and Bergler in their paper, ' Uebertragung und Liebe '.

the anxiety-ridden ego.[4] (Daemon, proposing the ego-ideal as ' silent mentor ', and demonstrating the discrepancy between ego and ego-ideal, engenders in the ego a need for punishment.) *One* of the ego's methods of defence consists in the projection of these reproaches on to the object, the innocent-guilty complainant. Accordingly, the pathetic type treats his object as aggressively as his super-ego does his ego. The advantage of this displacement on to an object consists in establishing the fiction that one's indignation is justified, and in converting an internal conflict into one which is external, projected, and so more easily resolved. Thus everyone [5] reacts pathetically to the attacks of the external world, but this results from the economic opportunities available in this way for endopsychic discharge, and is not due to the presence of real grounds for indignation.

The origin of the pathetic voice of the super-ego in that of the teacher is confirmed by a beautiful example given by Melanie Klein in her book *The Psycho-Analysis of Children* (p. 49). Peter, a boy of four and a half, who practised mutual masturbation with his brother, during one of his hours put two pencils on a sponge and said : ' This is the boat that Fritz (his younger brother) and I got in '. He then put on a *deep voice*—as he often did *when his super-ego came into action*—and shouted at the two pencils : ' You're not to go about together all the time and do disgusting things '. This scolding on the part of his super-ego at his brother and himself was also, as Melanie Klein adds, aimed at his parents whose equally forbidden activities he had secretly observed, and who must surely have originally levelled remonstrances of the kind at him. (Mechanism of projection.)

During the period of puberty, when the ego has to bear the full

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[4] The attitude of the super-ego towards the ego may be compared—*mutatis mutandis*—with that of a patient analysed by one of the authors ; she tormented her husband with possibilities which she put forward as apodictic truths, and in which she held him responsible for every kind of evil intention imaginable. The following scene is an example : ' So to-morrow, when we've been invited to my parents' house, you propose to leave as soon as the meal is over. If you do, I shall feel extremely hurt.' ' I have no thought whatever of leaving as soon as the meal is over.' ' But you *might* think of doing so ', was the wife's reply. Naturally, anything can be proved with the argument : ' You're quite capable of a thing like that '.

[5] Neurotics with an unconscious need for punishment perhaps form an exception.

brunt of the super-ego's reproaches on account of its Œdipus wishes, its greater strength now enables it to deal with the conflict by resorting to aggression, rebelling against the oppressor and assailing him with words ('It is you who are guilty'), which owing to the increased volume of hate now have the character of true pathos, and are no longer merely a childlike imitation of it. Verbal aggression as a means of disposing of the super-ego conflict (pathetic reaction) serves also in later life the purpose of mastering the sense of guilt rooted in hate-impulses and incestuous wishes, or more correctly, the helplessness which springs from it. It does so in the form of a return of the repressed hatred as pathos; genital guilt has become wholly inaccessible to consciousness. What occurs in pathos is, so to say, *an endopsychic reversal of rôles by means of projection*. A reproach emanating from the super-ego or taken over by it from the external world is dealt with in such a way that the ego assumes the part of the super-ego and reduces the object of its aggression to the status of an ego. As Jones has explained in his paper on 'Fear, Guilt and Hate' (cf. also A. Winterstein's paper 'Der Zornaffekt'), this process is made possible by creating a phantasy of the other person being in the wrong, or by manœuvring reality so as to bring this about. Accordingly, even the genuine uninhibited pathos of a man whose sense of justice has been wounded owes the vehemence of its expression, and perhaps all possibility of expression, to the repressed unconscious layer of hate which belongs to the pubertal period.

But besides the *aggressive* solution of the super-ego conflict, which in the last resort is employed to relieve the burden arising from the sense of guilt, there is also a *masochistic* one, distinguished by the pathos of surrender, the pathos of the martyr. We could speak of an 'accuser'[6] type of pathos, and a 'martyr' type. The utterances of those whose devotion to the powers above them is such that they are ready to lay down life itself also reveal a strong and genuine pathos. Self-dedication to God, country, or party, to a group or union, all allegiance to a compelling idea, is the projection of the ego's submission to the super-ego. In these cases, as has been said, the conflict is dealt with masochistically, and the ego derives in addition

[6] The explanation of the fact that parents and others behave pathetically in bringing up children is to be found in the 'accuser' type: the child's 'naughtiness' activates the adult's repressed wishes, and with them, the severe reproaches of his super-ego. He defends himself against this conflict by means of the reaction of pathos.

a secondary gain from its ' good behaviour '. Even here, the ego-syntonic emotion from the higher levels which urges to exalted and pathetic expression betrays its connection with the deeper layer of the repressed Œdipus complex, and this time with the inverted, negative form. The joyful surrender to a mightier power, to a Higher Will, derives its energy from the tender feminine relation of the boy towards his father (mother-identification). Perhaps Nietzsche, who speaks of the ' pathos of distance ', the distance between subject and object (ultimately between child and father), wished so to give expression to this masochistic aspect of pathos.[7]

Kretschmer, in his book *Physique and Character*, devotes some observations to the pathetic type which have many points of contact with our own conception. He sees in him a hyperæsthetic variant of the schizoid temperament ; indeed, the type makes its appearance in the schizothyme average man as well. The pathetic, like other hyperæsthetic variants, develops a sharp antithesis : ' I ' and ' the external world '. He is the struggling autist. He constantly asks himself : ' What effect do I have ? *Who is doing me an injury ?* In what respect have I to forgive myself something ? How shall I get through ? ' Conflict-ridden natures such as these have a natural talent for the *tragic* (in art, tragic pathetics). Kretschmer describes ' altruistic *self-sacrifice* in the grandest possible style ', especially for general impersonal ideals, as being a specific characteristic of certain

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[7] How great are the contradictions in the average man's attitude towards pathos is shown by the fact that there are situations in which pathos is at one and the same time required *and* prohibited, namely, in a court of law. If the accused makes a pathetic reply to an unjust accusation, his pathos is stigmatized as clowning ; if with a calm and collected air he would vindicate himself, he is once more reproached for not displaying proper indignation. If his pathos is of an aggressive kind, the presiding judge reminds him that true innocence does not advertise itself in verbal abuse ; if the victim of the law is unperturbed, he is certain to be told that his coolness and absence of remorse are highly suspicious. This is not to deny that swindlers and speculators in tears *consciously* make use of pathos for their fraudulent manœuvrings. Such cases obviously fall outside the scope of our discussion of the *unconscious* reaction of pathos. The same applies to the pathos of the leader, whose aim is to offer to the masses an object with whom they can identify themselves. In so far, however, as it serves to relieve the leader from the unconscious reproaches of his conscience, this pathos falls within the ' accuser ' type.

schizoids. The pathetic type is distinguished from other types of hyperæsthetic temperament by his aggressive erotism, his endopsychic activity, and by his drive to emotional expression. 'This abrupt, convulsive tossing to and fro, this passionate, contorted, cramped withdrawal into oneself, followed by a sudden bursting of the bonds, with psychæsthetic extremes of emotionality—this is what we call "pathos".' (The pleasure in the access of abreaction points to a high degree of narcissism in the pathetic type.) Pathos and tender sentimentality, while superficially opposed to one another, have, in Kretschmer's opinion, the most intimate connection from the psychological point of view. 'The schizothymic soul, worn out by the noisy pathos of the heroic battle, suddenly feels the need for something diametrically opposed, for tearful tenderness and dreamy rural stillness.' In Schiller, for the sake of example, whose art is replete with an overwhelming pathos, we regularly find the complementary moods of the heroic and the lyrical (the masculine and feminine components). (See Hanns Sachs' fine work on 'Schiller's *Geisterseher*'.) Kretschmer also emphasizes that the strength of this type of poet lies rather in the realm of acoustics, in the music of their words. Our assumptions concerning the genesis of pathos have shown how those who have charge of the child's upbringing exercise their influence on him by way of the *voice*, and how this influence is then perpetuated in the conversations which take place between the super-ego and the ego.

Besides the *genuine* pathos which carries conviction, there is also a theatrical,[8] spurious [9] variety, a kind of affected and overstrained adolescent pathos. Here it is not always so much the emotion itself, as its apparent intensity, urging towards expression in pathos, which is responsible for the observer's impression of something spurious. This heightened intensity will then be serving an urgent need to 'make oneself felt', an attempt to compensate for a sense of impotence

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[8] Cp. Mephistopheles' words to the Lord :—

'My pathos would move thy laughter, sure,
Hadst Thou not long unlearned the art of laughing'.

(A. G. Latham's translation.)

[9] One of the authors has elsewhere tried to show, in the light of a case-history, that pathetic exuberance of emotion has in many cases the further significance of a defence against the danger of *depersonalization* which lies waiting behind it. (Case II in 'Der Mechanismus der Depersonalisation', by Bergler and Eidelberg.)

actually felt deeply. (On the whole question of ' genuine ' and ' spurious ', reference may be made to A. Winterstein's ' Echtheit und Unechtheit im Seelenleben '.) In the same way, a patient of one of the authors ironically described the fact that an opponent, whom he attacked with pathetic expressions, remained alive (*in spite of* his verbal aggression) as a severe blow to his self-esteem. Analysis showed that in his unconscious the patient still held firmly to the belief in the *magical power of words*, and sought to compensate for the powerlessness of his hostile attitude with a ' word '-penis to which he unconsciously attributed the power to kill (hence the crescendo to pathos). This idea of a ' magical word-penis ' effects a transition to the *pathos of the hysteric*. Alongside of the sadistic omnipotence in this fiction, the ' mechanism of pathos ' (which we have already considered) takes a hand : the reproaches of the super-ego are dealt with by means of an endopsychic reversal of rôles. In other words, the ego of the hysteric treats its object with the same aggression as his super-ego applies to his ego. This conception goes a long way to explain the formal reactions of the hysterical character, with his burden of unconscious guilt. One has only to think of the chronically inflamed state of the hysteric's emotions.

Occasionally we encounter a diametrically opposed type, whom we could well designate as ' *anti-pathetic.* ' Pathos has a uniformly distressing effect on him.[10] Here we have to do with individuals who ward off an original tendency to pathetic reaction ; they have repressed it, then, evidently on account of their anxiety of their sadistic super-ego.[11] This anxiety (in the last resort castration anxiety) has the result that both variants of pathos, the ' accuser ' type and the ' martyr ' type, cease to be available as mechanisms of defence against the super-ego, so that *other* methods have to be found. One frequently adopted is the ' mechanism of cynicism '. As was pointed out by one of the authors (Bergler, ' Zur Psychologie des Zynikers '), the cynic is faced with the same problem of dealing with a super-ego conflict. The cynic is subjected to the constant pressure of his ambivalence and—grotesque as it may sound—to the equally constant pressure of his punishing super-ego, whose prohibitions relate to this very ambivalence, so that

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[10] Cp. Metternich's expression : ' But no pathos, please ' ! [*Nur kein Pathos !*]

[11] Otto Weininger (*Ueber die letzten Dinge*) calls the ' self-hater ' the least pathetic of men.

the unconscious compulsion to confess (Reik) becomes the mainspring of action. The ego of the cynic frees itself from this conflict by ' turning the tables ', by showing to the rest of the world (the despised ' other fellows ') that this forbidden ambivalence is to be found in them too. Implicit in all cynicism is the challenge to the listener : ' Confess that in your heart you think exactly the same as the cynic who rouses your indignation '. Here, the ' other fellows ' are conceived as a part of one's own super-ego. At the same time, this demonstration of the ambivalence in others is a means of forestalling the attack that is expected as a punishment from the external world, the latter being perceived by the individual as part of his own super-ego. It is indeed a peculiar war on two fronts which the individual carries on against his super-ego, which appears in a double shape : as the internal unconscious conscience and as the external world. The cynic's onslaught appears to be aimed at this external-world aspect of the super-ego ; but in reality he is defending himself against his severe internal super-ego, which is beyond the reach of his consciousness and is only perceived as a sense of guilt. The ' rabidity ' of the cynic does not proceed simply from aggression ; it is equally the expression of his desperate struggle to ward off his ' inner foe ', the endopsychic super-ego, and he sees to it that the contest is carried out on ' foreign soil '. The cynic treats the external world with the same severity as his super-ego treats his ego ; and at the same time he is attacking his own super-ego in the external world. The formula is something like : ' He hits out at others, but it is his conscience he aims at '. Among the sixty-four specific forms enumerated in the paper, mention is made of the *sentimental-pathetic* type of cynic : ' They are pathetics who are roused by the injustice of this best of all possible worlds, more correctly, people who project their unresolved Œdipus conflicts on to the world in general, for at bottom they are always asking : " Why do my parents not love me ? " They are sentimentalists ashamed of their emotions, which they yet parade nakedly, but under the disguise of cynicism, in this way dissociating themselves from them. But this cynicism has the hall-mark " made in sentiments " writ large upon it : it lies nearer to tears than to laughter .'

Ferenczi [12] has pointed out in his paper ' On Obscene Words ' that, between the time when infantile modes of gratification are relinquished and the beginning of the latency period, there is a transition

[12] Cf. also Graber's ' Psychoanalyse des Fluchens '.

period characterized by impulses to utter, write up publicly and listen to obscene words. He conceives this compulsion as a preliminary stage in the inhibition of infantile impulses towards exhibitionism and scoptophilic curiosity. It is the suppression of these sexual phantasies and actions, manifested in the weakened form of speech, that really connotes the beginning of the latency period proper ; they do not, of course, become entirely unconscious in healthy individuals. It would seem, however, that the tendency which we often find in people to pathetic expression is a reaction-formation springing from a powerful, but suppressed, pleasure in uttering obscene words (also from anal and urethral erotism). We can understand that the communicating link is provided by curses, imprecations and blasphemies, as constituting ways of effecting discharge of affect by means of words, for the words here in question are drawn from the opposite poles which lead from all that is most sacred and sublime to all that is most proscribed and accursed.[13] Once more we are left with an obeisance to the super-ego—' good behaviour ' of a precautionary and compensatory kind.

Humour and pathos speak different languages ; Kretschmer, too, assigns the humourist to the opposed cyclothymic (cycloid) type. The contrast is manifest. While the pathetic sees tragedy everywhere, the humourist refuses to take reality seriously. In pathos, the ego deals with a reproach emanating from the super-ego by means of an endopsychic reversal of rôles on projective lines : the ego is cast for the aggressive rôle of super-ego and forces the object to take the part of ego. In humour, according to Freud, the super-ego receives a hypercathexis and speaks to the intimidated ego in kindly[14] words, dis-

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[13] See note [12] previous page.

[14] One of the present authors (Winterstein in ' Beiträge zum Problem des Humors ') tries to render more intelligible the puzzling fact that in humour Freud ascribes to the super-ego, ' in other respects a stern master ', a kindly comforting attitude towards the ego, by assuming the presence of a strongly marked maternal component in the super-ego of the humourist ; the aggression characteristic of the father's contribution to the super-ego would thus appear in a purely sublimated form, as a refusal to accept reality at its face value or to attach to it any serious importance. Winterstein believes that this explains the ' Janus-face of humour ' of which the æstheticians speak. Bergler goes a step further. In a work now in preparation on the psychogenesis of humour, the super-ego of the humourist is demonstrated as by no means merely a kindly one. The fact that

counting with a smile the dangers which threaten it. In pathos, the resolution of the conflict between ego and super-ego proceeds from the ego ; in humour, the first step towards reconciliation is taken by the super-ego. Humour denies the claims of the external world, which menace the individual's narcissism, and as a manifestation of regression it approaches more nearly to the *primary* narcissistic stage ; the pathos of the ' accuser ' type presupposes the differentiation of a strengthened ego from the external world. Here the narcissism is secondary. The case seems to be different for the masochistic pathos of the ' martyr ' type, in which secondary narcissism joyfully abdicates in favour of the original narcissistic all-one-ness. In this instance, the little ego is absorbed into a higher unity, and the regressive process is more profound than in the humorous attitude.

We also speak of pathos in connection with other forms of art. Pathos is a case of intensified expression, and, indeed, intensification or exaggeration is postulated as a general requirement of artistic expression by many people (cf. also F. Kainz, *Das Steigerungsphänomen als künstlerisches Gestaltungsprinzip*). So far as relates to pathos in the plastic arts, nowhere does it pour forth in such abundance as from the sublime Renaissance sculptures of Michaelangelo, full to overflowing with life—we sense the passionate, heavily charged, turbulent emotion, a sustained fortissimo of expression ; but occasionally too, as in the creations of baroque art, an exaggerated fullness of life, a theatrical pathos ; a tendency towards extremes of pathos in the use of colour and gesture characterizes Expressionism, which, as its very name reveals, aims at the *expression* of states of mind. The father of this modern art movement is that great and remarkable painter of the late Middle Ages, Matthias Grünewald, many of whose pictures produce an effect of pathos to the point of distortion.

Our investigations have brought us to the conclusion that pathos

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humour presupposes an unhappy and humiliating situation for the ego, e.g. ' the humour of the gallows ', speaks in support of this. The humour of the super-ego has in it something of the gallantry of an executioner who cracks jokes with the criminal. Bergler is sceptical of an exclusively consoling function in the super-ego in humour. He thinks that the super ego is far from merely comforting the ego and derides it maliciously, and he concludes that humour represents a technique of attack and accusation employed by the ego against the torments of the ego-ideal, which thus falls into line with the phenomena of mania, wit, comedy, and cant. (Cf. the discussion of this point in ' Übertragung und Liebe '.)

constitutes a technique of defence employed by the ego in its endo-psychic struggle with the super-ego. The ' accuser ' and ' martyr ' types of pathetic both deal with a conflict between ego and super-ego, but along different lines : the former chooses projection and aggression, the latter submission and masochistic self-surrender. But it seems that pathos is *not merely* the passive *reaction* of the ego to an attack proceeding from the super-ego. It also includes *aggression* on the part of the ego as a measure of precaution against the super-ego. It is not rare for the super-ego, by reason of the ego's interpolation of the ' mechanism of pathos ', to find itself deprived of one of its most useful weapons of attack against the ego. That, moreover, is why the pathetic ' beating-one's-breast ' in which the ordinary citizen indulges is such an excellent means of self-deception.

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THE PSYCHIC EFFECTS OF TOXIC AND TOXOID SUBSTANCES

BY

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Ten years ago the problem of the effects of intoxicating drugs had received but scanty attention from psycho-analytical writers and there was considerable confusion of ideas upon the subject. A certain number of isolated observations had been recorded, some of which were of great value [1]; the majority of analysts, on the other hand, had only a meagre practical experience of the matter. It was not until eight years ago that Radó made the first attempt at a systematic treatment of it [2] and added contributions of his own in the form of a paper entitled 'The Problem of Melancholia' [3] and a series of lectures on 'Intoxication and Depression' [4], finally penetrating further into the problem in his paper, 'Psychoanalyse der Pharmakothymie'.[5] After the first of these works Radó's interest was focussed exclusively on the subject of addictions; Weiss [6] and Kielholz,[7] on the other hand, were studying the relations between toxic drugs and psychosis. Wulff [8] brought into prominence a special symptom-complex in

[1] Cf. Abraham, 'The Psychological Relations between Sexuality and Alcoholism' (1908), *Selected Papers*, Chapter III; Hartmann, 'Kokainismus und Homosexualität', *Zeitschrift für die gesamte Psychologie und Neurologie*, 1925; Kielholz, 'Trunksucht und Psychoanalyse', *Schweizerisches Archiv für Neurologie und Psychologie*, Bd. XVI; Schilder, *Entwurf zu einer Psychiatrie auf psychoanalytischer Grundlage*, 1925; Tausk, 'Zur Psychologie des alkoholischen Beschäftigungsdelirs', *Internationale Zeitschrift für Psychoanalyse*, Bd. III., 1915.

[2] Radó, 'The Psychical Effects of Intoxication', This JOURNAL, Vol. IX, 1928.

[3] This JOURNAL, Vol. IX, 1928.

[4] As far as I know, these have not been published.

[5] *Internationale Zeitschrift für Psychoanalyse*, Bd. XX, 1934.

[6] E. Weiss, 'Der Vergiftungswahn im Lichte der Introjektions- und Projektionsvorgänge', *Internationale Zeitschrift für Psychoanalyse*, Bd. XII, 1926.

[7] A. Kielholz, 'Giftmord und Vergiftungswahn', *Internationale Zeitschrift für Psychoanalyse*, Bd. XVII, 1931.

[8] M. Wulff, 'Ueber einen interessanten oralen Symptomen-Komplex und seine Beziehung zur Sucht', *Internationale Zeitschrift für Psychoanalyse*, Bd. XVIII, 1932.

connection with the problem of addiction. Finally, an immense advance was made by Edward Glover's paper,[9] which contained a wealth of critical and original ideas.

The writings that I have mentioned cannot be neglected by analysts who are interested in the effects of toxic substances. It sounds somewhat contradictory when I go on to say that in the present article but little reference will be made to them. Their authors took as their starting-point either the problems of addiction (Radó, Glover, Wulff) or of delusions of poisoning (Weiss, Kielholz). A study of psycho-analytical literature might well give rise to the impression that the impact of toxic substances upon the psychic apparatus produced addiction or psychosis—and nothing else.

We know, however, that in our daily life ' poisons ' and substances akin to them are constantly acting upon us—so much so that it would be no exaggeration to speak of a ' psycho-pathology of everyday life ' in relation to toxic effects. And between these slight—these minimal—everyday manifestations of toxic action upon the psyche and the pathological extreme of ' addiction ' there are innumerable transitional phenomena, the sum of which must be regarded as constituting a single structure which we have to investigate. Addiction is, as it were, simply an upper storey of this structure: psycho-analytical research has not yet entered into occupation of the lower floors. The various addictions, regarded as a specialized branch of a psychopathology of intoxications, seem to await the addition of other specialized branches and to require a substructure of a general psychopathology of toxic effects.

There are two facts which testify to the truth of this statement. In the first place, ' addiction ' is only one of the enormous variety of human reactions to toxic substances. And secondly, as Glover more than once points out in the paper I have mentioned, all psycho-analytical investigators of the subject are agreed that our study of the action of drugs must include that of a large number of substances whose chemical composition would not justify their being called ' intoxicants ', yet which, from the psychological standpoint, prove to be closely akin to these in the way in which they are employed and the effects they produce. (Radó speaks of ' intoxicants ' in the wider sense of the term '.) To this category belong various more or less

[9] Glover, ' On the Ætiology of Drug-Addiction ', This JOURNAL, Vol. XIII, 1932.

' harmless ' sources of pleasure—chief amongst which are nicotine and caffeine—a quantity of widely used drugs, e.g. those of the acethyl series, which are supposed not to be ' habit-forming ', and, finally, that large group of substances, not even in the nature of medicaments, which are incorporated by persons of the type aptly designated by Glover as the ' ingestion type '.

If we thus extend our notion of the subject under review, we may say that the problem of addiction is comparable to the entrance-shaft to a mine. The deeper strata and shafts have still to be excavated by psycho-analysis. It would be presumptuous to imagine that, in the present paper, we shall solve, even partially, the problems which I have outlined: we must content ourselves with bringing forward some of them and, if possible, indicating a reasonable method of attacking them.

The first point for our consideration seems self-evident. Having regard to the multiplicity, variety, confusion and contradictions of the toxic and toxoid effects produced upon the psyche, can analysis hope to find some common factor amongst them and, if so, can that factor be treated systematically? Can we arrive at some formula which will include all these different effects and show their common origin? Radó, examining the problems of addiction, has, we remember, already made a contribution to such a formula. ' The effects of intoxicants ', he states, ' are twofold.[10] We find first effects which are analgesic, sedative, hypnotic and narcotic; . . . these combat and *avert pain* [11]. And, secondly, we find effects which are stimulating or which occasion Euphoria; these promote or *produce pleasure*.[11] Both kinds of effect—the prevention of pain or the production of pleasure—subserve the pleasure principle. They may be summed up as " the attainment of pleasure by pharmacogenic means " .' We should be glad to make use of this formula, which subsumes the different effects of toxic substances under the pleasure principle. It looks as if we had here the answer to our question, ready-made.

But we perceive at once its limitations. The ' capriciousness of the attainment of pleasure by pharmacogenic means ' [12], its dependence

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[10] ' Psychoanalyse der Pharmakothymie ', *Internationale Zeitschrift für Psychoanalyse*, Bd. XX, 1934.

[11] The italics are in the original.

[12] *Loc. cit.*

on a special psychological factor, limits, as Radó himself notes, the applicability of the pleasure principle and warns us against accepting the view that the function of producing pleasure or else preventing pain constitutes an universal attribute of toxic substances. From the biological standpoint also this notion is contradicted. According to the Schulz-Arndt law the effect of a substance is reversed if the dose be suitably changed. Can we suppose that the psychic apparatus is the only part of the organism which is exempt from this law? A large body of experience forbids us to assume that this is so.

Since, then, there are these objections to applying the pleasure-principle *directly* to the psychic effects of toxic substances, we must consider another question, the answer to which may provide an approach to the original problem; we must consider, namely, the nature of these numerous and varying effects which are so confusing when we try to arrive at a clear conception of them. Surely, even in this chaos of contradictions there must be some regulating principle, some sort of order in disorder? As far as I can see there is no limit to the variations themselves, but there is one to the principles which underlie them.

We first observe a series of quite commonplace facts: the effect of alcohol differs from that of caffeine and the effect of hashish from that of opium; a centigramme of morphine produces a different result from that of a milligramme; a patient X reacts differently from Y; X reacts to the same dose of the same substance in one way in the morning and in another at night, and his reaction varies at each step in the whole scale of his bodily and mental condition; and, finally, his reaction varies with each of the various methods by which a given substance is incorporated.[13] Beneath each of these facts, cited

[13] It seems reasonable to indicate thus briefly facts with which we are all familiar, without giving examples to prove them. There can be no analyst who has not observed that no two patients react in precisely the same way to a drug. The behaviour of our patients with regard to any given toxic substance provides the best possible material for the study of the extent of the variations in individual reactions to the object-world—for it is an open secret that *everyone* of us has his peculiar sensations, reflections, experiences and mode of dealing with them. Here the unique character of the individual reaction is clearly evident, here (both in ordinary life and in analysis) it finds its most spontaneous and exact expression. And think of the multiplicity of reactions within one and the same personality! We can hardly cite as 'clinical material' and certainly cannot

here merely by way of illustration, there lies some principle of multiplicity ; each of them is the starting-point of a series of multiplicities and every one of these series can be combined with every other. Thus the complicated nature of the phenomena may be reduced theoretically to a series of multiplicities, each of which proceeds from some principle of multiplicity (i.e. from some variant), which is as it were a source giving rise to a series of variations.

Supposing now that, at the risk of appearing pedantic, we make a list of these principles (in each of which we recognize an old acquaintance). We can then easily see in each case to what variant or variants any given effect of a toxic substance is to be attributed. For purposes of psycho-analysis the five principles already enumerated will, I think, suffice :

(1) The chemical multiplicity of substances (qualitative pharmacogenic variant).

(2) The scale of dosage (quantitative pharmacogenic variant).

(3) The multiplicity of psychic structures (individual psychogenic variant).

(4) The scale of reactions within the individual's psychic structure (intra-individual or dispositional variant).

(5) The method of incorporation (mixed physiogenic and psychogenic variant).

If we consider this list for a moment, we shall get some idea of the extent of the unsolved problems before us. Each of these variants has only been ' known ' to us in the sense that we have known of its existence. When we come to consider the laws according to which they make the effects of the toxic substances upon the psyche vary, each of these variants is like an equation with many unknown factors. But it requires a multiplicity of such mechanisms, each operating in accordance with laws of which we are ignorant, in order to produce a single one of the innumerable pictures of toxic action which we see in clinical practice and in everyday life.

It seems as though our list of the sources of variation in the effects of toxic substances upon the psyche did not amount to much more than a rather superfluous schematization of the problems concerned in ' a specialized branch of an analytical psychopathology of intoxica-

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demonstrate by ' cases ' in a work intended for analysts what every single patient produces in analysis without resistance : the catalogue of his reactions to one and the same substance.

tions '. As regards the question of the common factor in the varieties of toxic action upon the psyche we are merely left with the impression that it is improbable that any such common factor exists. And yet we instinctively feel that they must have something in common.

I propose to examine two different—in fact, opposite—types of toxic action and I shall adopt the frankly psychological standpoint and purposely refrain from borrowing from the findings of pharmacology and neurology, at the risk of my treatment of the subject being stigmatized as amateurish.[14]

If we compare the effects of a mild stimulant, e.g. a dose of caffeine, and of a sedative, let us say a small dose of barbituric acid, we see that the two act upon the psyche in different ways. The only common factor is that they affect the same systems : the locomotor, the psychomotor, the associative and the affective systems. The stimulant intensifies or accelerates a process already at work, e.g. the psychomotor function, whereas the sedative weakens or retards it. Or the stimulant will set going a process which was not previously taking place, while the sedative checks one which had begun. A particular change in the dose or in the psychic disposition of the subject may produce exactly opposite results, just as though the substances administered had exchanged their chemical action. But there is one common factor in *all* these effects : a psychic process is either set going or brought to a standstill, accelerated or retarded.

What applies to the psychomotor applies also to the locomotor processes ; what applies to the affects applies also to their expression ; what applies to the subject's associations applies also to the actions to which they give rise. Here too the *primary* effect of a substance, in so far as we can perceive it, is simply the mobilizing or paralysing, the acceleration or retardation, of some psychic function.[15] Let us

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[14] Here again analysis must proceed by its own methods and cannot—at least in this *general* part of the investigation—make direct use of the findings of experimental pharmacology. Nor can biological knowledge (as, for instance, of the exact points at which the different alkaloids attack the central, peripheral or vago-sympathetic nervous apparatus) relieve us of the task of examining from the topographical and dynamic standpoints the way in which these substances influence and attack the *psychic* apparatus.

[15] An analogous conclusion has been reached in the pharmacology of the nervous system : ' . . . and in all the rest of the nervous apparatus, especially the nerve-centres, all that can be effected by medicines or toxic

call this ' the primary toxic process '. By the primary process in the operation of a stimulant or sedative we understand simply any one of the four possible modifications in the discharge of a function in respect to its rapidity or dynamic character.

At this point we touch on a metapsychological question which deserves a somewhat detailed examination. What is the relation between the rapidity of a psychic function and its dynamic character ? They seem to be largely identical, in so far as the acceleration of a function is the same thing as its ' intensification ', conversely, its retardation is identical with its ' weakening '. Many of our introspective perceptions (e.g. that of an affective process) can be comprehended in terms both of time and of energy, and we very often speak of ' acceleration ' and ' intensification ' or of ' retardation ' and ' weakening ' as though they were synonymous. At all events there is a tendency, when speaking of motor processes, to stress the time-factor, while in the case of affective and sensory processes the stress is laid on the degree of intensity. But we are always very liable to associate the two concepts.[16]

We have now to extend to analgesics, hypnotics and narcotics our conception of what we regarded as the primary toxic process in the operation of stimulants and sedatives. It seems that the effects of the former group do not so obviously fit into our scheme as those of the latter, and I think the reason is that there is one very striking, common characteristic in the action of analgesics, hypnotics and narcotics : they all modify the system Pcpt-Cs. either by restricting or by eliminating its functions. In my opinion this effect is *secondary*, and does exclude them from the operation of the *primary* process which we have already described. That is to say, when they impinge on the psychic apparatus the first result is a purely quantitative change (one of the four which I have enumerated) in the functioning of the particular system affected.[17]

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drugs is either the intensifying or the weakening of a function : there is never a *qualitative* change '. Meyer-Gottlieb, *Experimentelle Pharmakologie*, 1920, S. 12.

[16] Freud notes the close relation between the intensity and the degree of rapidity of a psychic process : ' . . . probably the amount of diminution or increase [of excitation] in a given time is the decisive factor as regards feeling '. (*Beyond the Pleasure Principle*, 1922, p. 2.)

[17] It may be asked what justification we have for describing the ' mobilization ' of a psychic process as a ' quantitative change in func-

This change in functioning may at one time be productive of pleasure and, at another, of pain : it is quite certain that we cannot reckon upon pleasure as an invariable result. In saying this I do not, of course, question the operation of the pleasure principle in the functioning of toxic substances, but I think that its operation is a secondary process, *subsequent to* the ' primary toxic process ', and that its outcome (i.e. whether the toxic influence be experienced as pleasurable or as painful) is just as variable (and as unpredictable) as the outcome of any other influence, such as the rays of the sun, of a cold douche, of an orchestra or of a paragraph in the paper.

There is no incompatibility between this statement and the fact that the subject incorporates a substance (when he does so voluntarily) to relieve some painful tension and is therefore actuated by the pleasure principle. The impulse to incorporate is an *independent* psychic act, prior to the primary toxic process, and its ætiology has no more to do with that of the primary process than desire has to do with enjoyment. By far the greater part of our analytical psychology of addiction has hitherto been devoted to the analysis of the impulse to incorporate ; probably this is why we have been too much inclined to over-estimate the ætiological importance of that impulse in relation to the subsequent toxic action. Analysts, absorbed in the ætiology of the impulse (its origin in the pleasure principle) have overlooked the fact that this ætiology does not apply also to the primary process in toxic action.

We can now arrive at some conclusion as to the position of the primary process in the chronological sequence of psychic acts which occur in connection with toxic action : it is preceded by the impulse to incorporate and followed by a secondary process, namely, the classification of the effect of the toxic substance according to its place in the pleasure-pain series. Itself independent of the pleasure principle, the primary process is inserted between two other processes, which are subject to that principle. (This is probably why the primary process has been so easy to overlook.)

Can we claim for the primary toxic process that it is indigenous to

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tioning '. Surely, it may be said, the term could be applied only to acceleration and retardation, whereas, when ' mobilization ' takes place through the operation of the substance administered, it seems as though something were actually ' created '. I think this is a fallacy and that ' mobilization ' is simply a special instance of the acceleration of a function. But I must postpone the justification of this view for another occasion.

the psychic soil? I have endeavoured to show that it implies certain quantitative changes in the functioning of psychic systems. Let us for a moment abandon the field of the pleasure principle and consider our process in terms of psychic economy. We shall immediately realize that its four essential characteristics—the mobilization, acceleration, retardation and paralysing of particular functions—amount simply to *displacement of energy*.

If, then, we are prepared to accept the 'primary process' as constituting the *first* action of toxic substances upon the psyche, our conclusions as to the nature of the process may be summarized as follows. Intoxicants (and their innumerable psychological correlates) transmute psychic energy. Dormant energy becomes active; active energy becomes bound. Bound energy is displaced from one site of cathexis to another, whether it be from one organ to another, from one introjected object to another or from the periphery to the centre of the psychic apparatus or vice versâ [18].

In this proposition we find that we have arrived at the formula which, at the beginning of our discussion, we resolved to look for—a formula, namely, which should apply to every kind of toxic action upon the psyche. Assuming it as valid for all variants of such action, let us proceed to examine its significance. This is threefold:

(1) The sphere of action (dynamics) of chemico-toxic energy stops at the threshold of the psychic apparatus, where it evokes the primary process.

(2) This process takes place within the psychic apparatus and is in its nature part of the psychic economy. It employs psychic energy which resides within the apparatus. The quantity of this energy is not proportionate to the toxic energy of the substances incorporated.

(3) From the economic standpoint the primary process is essentially a transmutation of energy, apparently in two possible ways:

(*a*) The *form* of energy may be *changed* (= transformation of psychic energy).

(*b*) The *quantity* of energy may be *displaced* (= translocation of psychic energy).[19]

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[18] I am employing the psycho-dynamic terminology adopted by Breuer in *Studien über Hysterie* and by Freud in *Beyond the Pleasure Principle*. It presents in the most plastic fashion the processes with which we are dealing.

[19] For the moment I do not propose to discuss the question whether it is possible to make any essential distinction between that kind of trans-

It must not be supposed that in this summary we have said all that can be said about the primary toxic process. In the first of the above propositions we restrict the dynamics of toxic energy to the evoking of the primary process, and this may give the impression that *every* toxic drug necessarily produces the same psychic result (i.e. the primary process). Thus regarded, toxic dynamics suggest an undifferentiated, blind force, comparable to the blunted force which produces concussion of the brain. In a later section I propose to show that this impression is not entirely incorrect. But we are justified in conceiving of the effect of toxic dynamics as uniform only when we regard it from the formal (topographical) angle of the primary process. This process is sharply differentiated from the toxic dynamics in which it originates: it takes place *within* the mental apparatus and affects *psychic* systems and functions; moreover, it operates by means of psychic forces inherent in the apparatus and leaves the toxic energy outside. To this extent the primary process is 'uniform' (i.e. it is ubiquitous in the whole range of toxic action). But it is *not* uniform in its selection of the *particular* inherent psychic energy with which it works.

Our second proposition also needs amplification. It is true that the quantity of psychic energy set in motion in the primary toxic process is not commensurable with the toxic energy incorporated. Yet the psychic energy involved is subjected to exogenic determination, which is the product of the five variants that I have enumerated.

There are certain points which we can now set down (a certain amount of repetition is, I fear, inevitable) with regard to the 'inherent psychic energy' employed by the primary process.

(1) The inherent psychic energy is the *object* of the primary process and, as such, is mobilized by the toxic force at one remove, since the primary process is the product of toxic dynamics.

(2) The *quantity* of psychic energy called up is not proportionate to the quantity of toxic energy which calls it up.

(3) It would be an error to deduce from our impression of the

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mutation of energy which we have termed 'translocation' of bound energy and the other mode of transmutation, or whether the former process may not be regarded as only an effect of the latter. If *all* toxic action resulted in the liberation of psychic energy, i.e. the conversion of bound into active energy, it would undoubtedly be superfluous to postulate a second mode of transmutation (the translocation of bound energy). But this does not appear to be the case.

selective work of toxic substances the idea that there is any qualitative differentiation of psychic energy. A closer scrutiny shows that the selection has reference not to the ' quality ' of the energy but to the psychic system affected, the direction in which energy is displaced and, finally, the form in which the energy is when it is attacked or into which it is converted.

Thus, the psychic energy selected in the action of the toxic substance and transmuted in the primary process may be differentiated according to form, direction and location.

(4) The quantity of psychic energy which the primary process meets with and has at its disposal at a given moment is variable. (This point is of great importance in determining the pleasurable or painful nature of the outcome of the secondary process, as I shall show later.)

It may be asked what there is new in these statements, seeing that our ' primary process ' is essentially similar to what results from any influence brought to bear on the psyche and not merely from the action of toxic substances. Have these, then, the monopoly of transforming or displacing energy within the psychic apparatus ? Or is it not rather the case that such a process is universal and that—having regard to the nature of the psychic apparatus—the *only* fundamental fact which we can assert about that apparatus is that transmutations of energy of the kind we have described occur in connection with it.

We may well hesitate to reply that we have not suggested that toxic substances had any monopoly of these psychic effects and that the point we have tried to make was rather that toxic action belonged essentially to the same category as any other kind of action on the psyche. This is a somewhat obvious truth. Nevertheless such a criticism is not a legitimate one, for, quite apart from the fact that we have not always given sufficient consideration to the dynamic principles governing the action of various influences upon the psyche, we have made too little use of the commonplace truth that toxic action also is subject to the law of the transmutation of inherent psychic energy. Had we recognized the full implications of this fact, the analytical psychology of addiction, for instance, would have been driven to very different conclusions. Possibly we should have asked why we (medical men as well as laymen) persist in expecting that we can precisely estimate the results of the drugs we administer and why so little is known (or so little use made of our knowledge) of the series of varia-

tions in their action, whereas in the case of other external influences upon the psyche we have long been accustomed to avoid generalization and to recognize the possibility of all manner of differences in their action both in a particular individual and in one individual as compared with others. Again (and here we have a clinical problem), we should possibly have asked why we still make no serious attempt to dissociate the analytical problem of the phenomena of addiction from the problems of the action of toxic substances, with which it really has nothing to do.[20] And, finally, if we had been genuinely familiar with the validity of psycho-dynamic principles in the case of toxic action, the question must surely have arisen : how is it possible for these chemical entities which we call toxic substances to impinge upon the psychic apparatus ?

We have been studying the principles governing the action of toxic substances. Let us now consider certain practical details. We have stated that toxic substances transmute psychic energy and emphasized the fact that the energy utilized by the primary process was inherent in the apparatus. It is to be noted that in thus formulating our notion we part company with the greater part of non-analytical opinion upon toxic action. Our formula stresses the *liberation* of the energy involved in the operation of the toxic substance : uninstructed opinion still imagines that the latter actually *generates* this energy.

Psychiatrists (amongst other people) share in this error when they persist in the notion of therapy by means of deprivation. This involves the fallacy that, in order to cure a patient, the poison must be got out of his system.

We, on the other hand, contend that the clinical phenomena of addiction, as well as innumerable other phenomena associated with the daily use of toxic substances, are produced by energy inherent in the psychic apparatus. It follows that the substance incorporated acts simply as a means of effecting displacements of endopsychic energy.

Our patients labour under the same fatal mistake as the psychiatrists : they believe that the intoxicating substances which they incorporate (or their surrogates) ' create ' the desired effect. We should hardly find an addict who was not convinced that an increase in the

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[20] Once more we are indebted to Glover for the attempt to dissociate these problems. Cf. various passages in his paper, ' On the Ætiology of Drug-Addiction ', already quoted.

dose intensified the intoxicating or numbing result at which he aimed or that a repetition of it would be sure to reproduce the psychic effect. Of course, at the beginning of the formation of a ' drug-habit ' this is true up to a point, but we know how quickly that point is reached when the dose is repeated or increased and, once it is passed, no amount of repetition or increase will produce the desired effect, still less intensify it.

Why is this so ? It is a very remarkable fact, of the truth of which we can convince ourselves in ordinary life as well. Suppose that in the morning we drink a cup of coffee ; it will have a stimulating effect of a certain duration and degree of intensity. But, if we have slept badly or for too short a time, the stimulating effect of the same quantity of coffee will pass off more quickly and not be so strong. Conversely, if we have slept particularly well and longer than usual, the effect of the coffee will be stronger and more lasting. Merely to assert that the effect is derived not from the toxic energy but from energy already inherent in the psychic apparatus is no adequate explanation of this variability of action ; still less does it solve the problem of why, in addicts, the point at which the desired result ceases to be obtained is so quickly reached.

In my view only one explanation is possible : if the true source of toxic action is the inherent psychic energy, this source must itself be subject to variation and liable to become exhausted within some given period of time. Once a certain limit is passed, the supply of energy seems to be used up and therefore it can no longer be acted upon by the toxic substance, whatever the dose may be.

Earlier in this paper (pp. 434–5) we made a scheme of the predicates of the energy inherent in the psyche, which we regard as the true agent of toxic effects, and one of these predicates was the *variability* in the quantity of that energy. This is a point of such outstanding practical importance that we must refer to it again and examine it more closely. It is clear that these variations must be governed by certain laws and they really deserve a whole chapter to themselves. All that space permits me to do at present is to record a subjective impression by which I must confess I have been influenced from the beginning in pursuing this enquiry into the general bases of the action of toxic substances upon the psyche. When reflecting upon the mysterious forces at work in this action, I have always been struck by their characteristics of variability, exhaustibility, renewability and fluidity.

Let me make my meaning clear by means of a simile. Let u

picture this psychic energy as a waterfall, say a mountain stream which has only a small volume of water. In order to make a ' beauty-spot ' for strangers to visit, the people who live on the mountain-side place at a certain point in the course of the stream a dam which they can remove at will and which acts like a sluice-gate, behind which the meagre flow of water collects. When the gate is opened, the damned-up water rushes down with great force. If the dam is left open or opened several times in rapid succession, there will be much less result and finally none at all, because enough water has not collected behind the barrier. Conversely, if the gate is left shut for some time, the spectacle of the waterfall will be renewed, and the longer the interval the more striking will the spectacle be.

Now let us substitute for the meagre but continuous flow of water our ' inherent psychic energy ' and for the dam the normal or neurotic inhibitions of the psychic apparatus. We then realize that the force which opens the sluice-gate is the toxic substance.

There are several points which this simile makes clear. It explains the peculiar phenomenon of the weakening of the action of a toxic substance (Radó's ' diminishing degree of intoxication ') which, with the regularity of a natural law, occurs whenever there is an abuse of such substances and even, in most instances, when habitual use is made of their more harmless surrogates. And, further, it explains the paradoxical wish for *abstinence*, experienced by so many addicts. (It is as if the patient's instinct impelled him to abstain voluntarily for a period, as if he felt that *only by such abstinence* can he recapture the enjoyment for which he longs.)

But, above all, our simile of a waterfall artificially damned confirms our impression that, fundamentally, the source of toxic action is the flow of inherent psychic energy and that the foreign substance is simply the vehicle of displacement and transmutation.

And lastly, we infer from it that the flow of inherent psychic energy is liable to exhaustion within some given period of time and is renewed only with the passage of time.

The writer proposes to continue the discussion of this problem in two further articles, dealing with the following points:—

(i.) The possibility of differentiating fundamental types of individual reaction by means of analytical topography.

(ii.) Psychic trauma and the problem of the invasion of the psychic apparatus by the toxic substance.

A SUGGESTION FOR A COMPARATIVE THEORY OF THE NEUROSES [1]

BY

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Ladies and Gentlemen,—I hope that this paper may enlist your interest in a line of work upon which I have been engaged during the last few years. It is my belief that the investigations which I have attempted may illuminate and define with greater distinctness certain problems familiar both in our daily practice and our theoretical work.

I intend to go, without further preface, to the heart of the matter, and I trust you will not be disappointed if the title of my paper has led you to expect that I was about to put forward a method hitherto unknown to psycho-analysis, for this is not the case. A study of our literature—amongst the works of Freud I would name especially *Hemmung, Symptom und Angst*—makes it clear that psycho-analysts may legitimately adopt the comparative method.

The body of knowledge which we now possess should, I think, enable us to apply such a method to a considerable number of neuroses and thus, side by side with our general theory of the neuroses and our specialized studies, to formulate by degrees a comparative theory.

Certain precautions must, however, be taken in order to ensure that the facts observed shall be faithfully recorded and that a check shall be kept on the conclusions drawn. It may be that our findings will relate not merely to the qualitative aspect of phenomena : the quantitative factor also may have to be examined. If so, we must not fail to bear in mind that, at present, we know no way of measuring libido.

When we review the material which awaits our investigation—that is to say, when we scrutinize our patients—we may well be dismayed at the task before us. Instead of pure neuroses, such as are described in our specialized studies, we see a medley of heterogeneous symptoms, abnormalities of character and perversions. Irritated by this confusion, we are tempted to disparage our systematic classification, until we learn from experience that only with the aid of this much-despised theory can we hope to introduce order into the chaotic mass of our observations and ideas. To those who understand how to read it a map is a schematic method of showing the way : we certainly do

[1] Read before the Thirteenth International Psycho-Analytical Congress, Lucerne, August, 1934.

not expect it to reproduce with photographic accuracy the objects it indicates. In my opinion it is absolutely necessary to make occasional use of schematic devices and, if we keep our abstract formulas distinct from our descriptive accounts of phenomena observed, we are less likely to distort facts owing to erroneous conjectures.

Such schematic devices for a comparative theory of the neuroses have yet to be propounded. In this paper I invite your consideration of one only—a scheme which I myself have worked out on lines suggested by Wälder's well-known paper ' Das Prinzip der mehrfachen Funktion '. [2]

For the purposes of this investigation I propose to study not the neuroses as a whole but merely ' cross-sections ' of neuroses. I will give you an example of what I mean.

Time does not admit of a clinical account of cases of my own. Instead, I will make use of the well-known case of the ' Wolf Man ' with the object of familiarizing you with the comparative theory of the neuroses. I shall have, of course, to omit a number of important details, but I think this is the best way of bringing out the essential points.

Before his obsessional neurosis developed, the Wolf Man suffered from two different disturbances : firstly, from a hysterical conversion-symptom in his bowels and, secondly, from a phobia. These two disturbances, which are familiar to us as manifestations of two different neuroses, conversion-hysteria and anxiety-hysteria, existed in this case side by side. I shall proceed to compare them with each other, arranging material under the headings of the different psychic institutions.

Conversion	Phobia
I. *The id*	I. *The id.*
To be copulated with by his father.	To be copulated with by his father.
II. *The ego*	II. *The ego*
Defence against id-wishes which mean danger to the total personality.	The defence takes the following forms :
Defence against the wish to be copulated with by his father, on account of the castration which would result.	(1) The wish to be copulated with changes into a wish to be eaten ;
	(2) The wish in its new form is projected outwards. Instead of

[2] *Internationale Zeitschrift für Psychoanalyse*, Bd. XVI, 1930.

CONVERSION—*continued.*

The defence-mechanism employed is that of repression; the wish which is to be warded off is withheld from consciousness, so that the conscious part of the ego, which controls the motor system, is quite unable to carry it out.

At the same time a region of the body other than the penis (in this case it is the bowel) is sexualized or, more correctly, phallicized.

The result is a disturbance in the functioning of the organ concerned: in this case, diarrhœa. The ego's reaction to this disturbance is repudiation, never anxiety. 'I can't go on living like this'. The ego tries either to expel the disturbance, the symptom, as though it were a foreign body, or else to encapsule it. At the cost of diarrhœa the dangerous instinctual wish is rendered harmless.

III. *The super-ego*

The external world finds representation within the total personality, so that the interests of both are considered. As Freud says: 'Civilization therefore obtains the mastery over the dangerous love of aggression in individuals by enfeebling and disarming it and setting up an institution within their minds to keep watch over it, like a garrison in a conquered city'. [3]

PHOBIA—*continued.*

'I wish to be eaten' we have 'He wishes to eat me';

(3) By the alteration of the original object—his father—into an animal—the wolf;

(4) The sight of a picture of a wolf causes anxiety to break out; the patient refuses to admit this symptom and tries to get rid of it by avoiding the picture.

[3] *Civilization and its Discontents*, p. 105.

CONVERSION—*continued.*

IV. *The external world*

The epidemic among the sheep.

The sufferings of his mother. Her words : ' I can't go on living like this '.

The dysentery.

His observation of coitus.

His grandfather's story of the wolves.

His games with his father, in which the latter pretends to be a wolf.

Now if we compare the two different mechanisms of defence, both of which clearly serve the same purpose, we shall ask ourselves, first of all, what precisely are the differences between them ?

Since the time at our disposal is limited, we must confine our examination to the ego and not attempt to discuss the important part played by the super-ego. We note that, first of all, in the mechanism of the phobia a curious change takes place in the instinctual wish, the content of which becomes aggressive instead of sexual.

Perhaps this change is sufficient to account for the peculiar form of defence subsequently adopted in the phobia. I think it probable that the ego can no longer defend itself against the instinctual wish, now so much changed in content, by a simple process of repression and so has to resort to the complicated mechanism of a phobia.

How has such a momentous change come about ? An obvious answer to this question would seem to be that regression to the sadistic-anal level has taken place, as was actually the case with this particular patient. But, for two reasons, I do not think this is the true explanation : (1) The Wolf Man's regression to the sadistic-anal level resulted in quite a different mode of defence, namely, an obsessional neurosis. (2) Examination of other case-histories, e.g. that of little Hans, convinces us that phobias, although they have a certain resemblance to obsessional neuroses, are the specific form of defence characteristic of the *phallic* phase. (This is a point upon which Freud lays particular emphasis.) If we consider the instinctual wishes against which little Hans was setting up a defence, we find that they were different from that of the Wolf Man. Hans was defending himself from tender

impulses towards his mother and aggressive ones against his father, both arising out of the positive Œdipus complex. The defence-mechanism of his phobia, however, reveals nothing of the tender impulses: on the other hand, the aggressive components are plainly evident. Where both instincts—*Eros* and *Thanatos*—appear, that fact shows that the aggressive tendency is of equal importance with the erotic. So Freud, in *Hemmung, Symptom und Angst* (S. 64), asks against which of the two instincts—the erotic or the aggressive—the ego is defending itself. This is a question of considerable theoretical importance, for hitherto we had taken it for granted that the ego was defending itself from the libidinal instincts only. Since we realize that we never encounter instincts in their pure form but always in a state of fusion, we can answer Freud's question by saying that the ego is defending itself against a fusion of the two, without committing ourselves as to whether the defence is causally conditioned by both or by one of them. In little Hans's case the difficulty is not so great: we have not to explain a remarkable change in the subject's wishes from an erotic to an aggressive content, for, from the very beginning, aggressive wishes were present.

But what about the Wolf Man? If we study his case history and the sequel, of which Ruth Mack-Brunswick has written an account, we find that aggressive id-wishes existed side by side with his erotic wishes (this is particularly clear in his butterfly- and horse-phobias). So we can abandon our first supposition—that libidinal impulses had been changed into aggression. The aggressive impulses were there from the outset and the form of the patient's defence makes it possible to distinguish the one kind of impulse from the other. We recollect what Freud says in *Civilization and its Discontents*: 'When an instinctual trend undergoes repression, its libidinal elements are transformed into symptoms and its aggressive components into a sense of guilt' (p. 132). In our study of the Wolf Man's phobia the sense of guilt was not at all prominent: what so plainly differentiated the phobia from the conversion-symptom was not the patient's sense of guilt but his anxiety.

What is anxiety? 'Objective' anxiety is a danger-signal, warning the subject of some external danger; 'internal' anxiety is an indication that some forbidden instinct in the id is trying to force the ego to gratify it. I should like to follow up this statement with another, and I beg you to put its correctness to the test. It is as follows. The signal of danger from within is not anxiety but a sense of guilt. It is

this latter which prompts and compels the ego to defend itself against the id-wish. Anxiety does not enter into the situation: only when for some reason the balance in the quantitative relation between the id's demands for instinctual gratification and the super-ego's rejection of them inclines towards the id the ego may intervene with the mechanism of projection and, by selecting in the external world some representative of the super-ego, may baulk the id of its victory. When projection is successfully effected, and only then, anxiety ensues. To sum up: anxiety may be defined as an affect which is for the ego a signal of external danger; in 'objective' anxiety the danger anticipated is aggression from the external world, whereas, in neurotic anxiety, the source of danger is the subject's own aggression, projected into the external world and then turned in upon himself.

We have now reached a point at which we can add to Freud's account of the matter the following statement: when a libidinal impulse is repressed, the libidinal components are converted into symptoms and the aggressive components into the sense of guilt or anxiety.

We can test this hypothesis by a comparison of any cases in which the material at our disposal clearly indicates the quantitative relation of the two groups of instincts. My own observations strongly incline me to believe that the hypothesis is correct and, since it is impossible for me to put my material before you in this paper, I would ask you to verify my statements by investigating your own cases. I may remind you of Helene Deutsch's discussion of agoraphobia,[4] in which she states that, in comparison with conversion-hysteria, it reveals a larger amount of aggression. It is true that she and I differ in our explanation of this fact: she attributes it to a partial regression to the sadistic-anal level, whereas my view is that the large quantity of aggression is characteristic of the phallic phase and is conditioned by the subject's constitution, which marks him out as one of the obsessional type.

Until my book appears, I shall have to ask you to suspend judgment with regard to my present thesis. I shall therefore not touch on, or even enumerate, the other problems which arise in the study of a comparative theory of the neuroses. There is, however, one fact which I should like to demonstrate. If we compare the defence-

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[4] Deutsch, 'The Genesis of Agoraphobia', This JOURNAL, Vol. X, 1929.

mechanisms of hysterical conversion and phobia from the purely descriptive standpoint, disregarding the unconscious elements, we find that the content of the phobia is simply aggressive (' the horse will bite me ') whereas that of the conversion-symptom is neither aggressive nor erotic. But even in a *purely descriptive* account we cannot fail to note a peculiar change in the organ concerned—a kind of ' erection '—and this we should characterize as sexualization or phallicization. That is to say, in the one defence-mechanism aggression is prominent and, in the other, the erotic instinct. In conclusion, I would ask you to bear this observation in mind and, though in itself it may not be sufficient to convince you of the correctness of the hypothesis I have suggested, it may perhaps stimulate your interest in the problems of a comparative theory of the neuroses.

' BAD HABITS '

BY

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The following notes refer only to ' bad habits ' in the narrowest sense in which the term is used, namely persistent actions which do not yield to external pressure and are concerned either with the subject's own body, as in thumb-sucking, masturbation, head knocking, body jigging, grimacing, nose rubbing, grinding teeth, nail biting, etc. ; or with the use of certain physical objects, as for example, in sucking the sheet or blanket, eating hair or paper, pushing beads up the nose or drinking in a queer way. As we know, most of these physical objects are substitutes for persons or for parts or products of persons. The function of the habit seems to be to assist internal psychic equilibrium by the mastering of anxiety.

Of all the wide variety of such persistent actions brought to my own notice, thumb- or finger-sucking and some types of genital masturbation are by far the most frequent. In a hurried and not too accurate counting of cases that have come my way within the last four years, the proportions run roughly : genital habits, 70 ; thumb- and finger-sucking, 50 ; sucking of other objects, 15 ; head knocking 10 ; nail biting, 20 ; with a varying number from one to six of the following types of habit : eating fæces, eating paper, rocking and jigging of the whole body, nose rubbing, queer drinking, eating hair, grinding teeth, pulling the hair, pushing things up the nose, and undefined ' nervous tricks.' It is interesting to note that bed-wetting and persistent dirtying are not usually included under the term ' bad habits ', in the narrow sense I am discussing, although when people talk about the necessity for encouraging ' good ' habits in early childhood they usually refer quite specifically to regular defæcation and urination. If, as we obviously should, we include obstinate constipation, dirtying and wetting, then it is clear that anal and urethral ' bad ' habits would rival in frequency the oral and genital ones, as they certainly do in less direct forms, such as hoarding rubbish, smearing walls, and ' dirty ' talk.

I do not believe, however, that this much greater frequency of undisguised oral, anal and genital ' bad ' habits over the more indirect and symbolic types, such as eating hair, nose rubbing, etc., would necessarily hold good if observation were more accurate and dis-

passionate. I have little doubt that every infant shows a large number of such displaced activities which pass unnoticed in the ordinary way, and only get reported when very marked or persistent, or when they happen to be a social nuisance. (A case of the latter type is that of the " queer " drinking of a small boy of two and a half who fills his mouth with the liquid when drinking and then throws his head right back to swallow, closing his eyes, the whole action suggesting more than anything else an identification with a drinking chicken.)

Many children show a varied combination of different habits. Thumb-sucking and masturbation commonly occur apart, but I have met one or two cases in which the child did both at once. Masturbation often follows upon thumb-sucking, especially if the latter has been interfered with. The following two examples of substitution are interesting: ' Recently a boy of two years has commenced masturbation. This he practises at all times when his hands aren't otherwise occupied and particularly when he is tired or resting, often sucking his tongue at the same time. Since he was a few months old he had the habit when sleeping of holding his hair with one hand, simultaneously sucking his tongue. We were amused and never tried to stop it in any way. However, we have recently had his hair cut somewhat shorter, and we think the new habit dates since then '.

' My daughter ($3\frac{1}{4}$) always sucked her thumb and pulled the fluff from her blanket when going to sleep. She stopped both these practices about a fortnight ago, since when she has seemed rather fretful when I was leaving her to go to sleep, and has asked me to pat her. She seemed in need of comfort and I sat beside her and patted lightly and she was asleep in a few minutes. The last four nights while patting I have suspected that she has been practising masturbation. Also the last four nights she has taken longer to go to sleep and has wakened during the night and cried out pitifully for me to go to her '.

It is not uncommon for a child to pull his hair or rub a bit of silk or flannel in the fingers at the same time as sucking one finger or thumb. Thumb-sucking and nail biting do not appear to happen together usually. I am not sure how often nail biters have previously been thumb-suckers, but I incline to think that on the whole they have not.

Recently I had an interesting case of a boy who appears to masturbate both in a masculine and in a feminine way, rubbing his thighs and fingering his genital at one and the same time.

The simpler and more direct ' bad habits ', whether oral, anal or

genital, can and do occur within the first six or nine months. The more indirect activities, obviously more complicated in structure, such as the eating of fæces or dirty hairs, compulsive tapping with a stick, head knocking, etc., cannot, from the nature of the case, appear until a certain stage of ego-development has been reached, roughly at the end of the first year or later. An incipient hair fetishism is suggested in the following case :

' Hairs have a great attraction for him (age $3\frac{1}{2}$). For instance, if he saw a comb with hairs in it he would go and pull them out and eat them. I have seen him sitting pulling hair out of his head and eating it. One day in the street he stopped, picked up a dirty black hair off the pavement and would have eaten it. His mother tells me he has done this for some time. Last week he was visiting a little baby girl. He was hugging her and saying, " Do you like loving, baby ? " Then he said, " Would you like some hairs ? " and promptly pulled some from his head for her. The first month I had charge of him there were some signs of masturbation, but he never does it now '.

A simple classification of these various habits on the basis of the bodily parts or libidinal zones involved does not carry one very far. A more significant differentiating factor is the degree of sadism involved in the habit, whatever the bodily part or zone. This degree of sadism naturally correlates with the degree of compulsiveness of the action, and the extent of the anxiety shown if the habit is forcibly interfered with. Thumb-sucking, for example, shows every degree of vigour and compulsion, ranging from occasional mild sucking of a reassurance type at bed-time or when tired, to constant vigorous sucking of a kind which suggests biting, and which will injure or shrink the fingers themselves. The extent to which the gums are involved seems to be shown by the degree to which the teeth are pushed out of place. In cases where this is very marked it is clear that the sadism of the biting phase is the dominant element in the sucking habit.

The same differences are shown in the case of genital masturbation, which ranges from a merely occasional playing with the genital at bed-time to what can only be described as a persistent and violent attack upon the genitals. Some show very little or no obvious guilt about it. In the following case, there was clearly some anxiety, since the child felt the need to confess :

' After she (6 years) had been in bed to-night for about an hour, she called me to her room. I noticed that she was very hot and flushed. She told me that she was always like this when she had " nice feelings ".

She then showed me what she did. She lay on her right side, with her hands clasped between her legs. She then turned on her back and, placing her hands behind her head, slowly drew up her crossed legs. She talked quite frankly '.

In the following, the guilt and anxiety were obviously very extreme : ' I came to her (now 3) when she was eleven months and the first morning I put her into her pram to sleep I saw what was happening. For twelve months I took no notice of it, only in an indirect way—giving her an animal to hug, etc. This was all right for a night or two, then it was thrown overboard. She was very highly strung, excitable, irritable, very underweight, pale pinched face and very dark around the eyes. Wherever I went everyone said how ill the child looked. She also had no appetite and her nights were very bad. She would be awake for three or four hours night after night practising this habit. She has never been scolded or punished for it. The trouble got worse and worse. At the end of the first year I put her into splints. There was a marked improvement in a very short time—her appetite improved, her weight went up, she was altogether happier and everyone said what a change there was in the child. She slept the night through and with no wet bed. I kept them on for three months, then left them off and everything went well for two months. Suddenly she started it again. I left her without taking any direct notice. Back she went at once to her old ways, you would not credit the difference in the child. I left the splints off for two months, and she looked just as ill as she did when I first saw her. She also lost weight both months. Again I returned to the splints and she is still wearing them. She asks for her " long legs ", as she calls them, every night. She is now a picture of health, round, rosy, and as happy and busy as can be. She has gained two pounds in the last three months '.

Hair pulling, again, may be quite mild and gentle, a rhythmic and pleasurable accompaniment to the sucking of the thumb, or it may be so sadistic as to injure the scalp. I have had more than one case reported where the child has produced a bald patch by the vigorous and constant pulling of his hair.

Similarly, with cases of head banging or body rocking and jigging. These actions may be accompanied by singing and laughter and wear a distinctly libidinal air, but may, on the other hand, be so aggressive that the child actually injures himself. In such cases, the sadism and aggression are fairly plain to be seen. The child bangs his head, for example, when he is angry as well as when he should be falling asleep.

'He (age 4¼) has had a habit ever since he was 16 months old of rocking his whole body and head on the pillow at night whenever he wakes up and singing at the same time. He wakes up several times and sings and rocks backwards and forwards on the pillow. When I go in and tell him to stop he does so and goes off to sleep but usually wakes up later and does the same thing'.

'On his going to bed, he (age 1.9) gets on to his hands and knees, and makes a regular thumping movement for hours on end. He goes to bed before 7 o'clock, and often it is 9 o'clock before he goes to sleep. During the night he is often awake for an hour or two, and always he is doing the same thing. He does this even when he is thoroughly fatigued, and continues although he seems to be half asleep. We have tried everything to stop him. We have talked to him, and punished him, and tied him in his cot, but nothing seems to cure him. This has been going on for three months'.

'I have a young son of 20 months, who "bumps" (rocking to and fro on hands and knees, letting his "tail" bump on the cot—*not* his head, I think). He *grunts* with each "bump". The child goes to bed at 6, and to sleep *at once*. He sleeps alone. We've *never* had a bad night with him, as he sleeps always; but we find he "bumps" if half-awakened by any noise, also if a tooth or tummy-ache wake him, he cries and then starts bumping, eventually sitting up to howl properly. He seems to get "waves" of it—sometimes no bumping at all for days, and then a lot of it on end'.

'When my small son (1.8) is put to bed he gets up on his hands and knees and shakes his bed backwards and forwards, knocking his head on the top of the bed at the same time. He frequently does this for an hour or so in the night, but very rarely cries. The shaking of the bed makes such a noise I have put the bed on cushions and I always tie up any parts that rattle, but he still manages to keep us awake with the noise. He sleeps by himself. He has a very large bump on his head where he bumps it. I have put a cushion so that he can't bump it so hard, but the lump doesn't go away. He has also a curious habit of bumping his head on something hard when he is annoyed'.

The degree of compulsiveness of any of these habits, and of the anxiety shown if the habit is interfered with, is clearly a more significant factor in prognosis than the particular content of the habit or the bodily zone concerned.

The following case is an example of extreme anxiety and what can

only be described as manic behaviour in a situation of anal interference:

'My boy baby, aged thirteen months, is rather a difficult child. In the nursing home they used to say ruefully he was born grumbling—and I must say he never was the sunny nature the elder girl was. He progressed normally until about two months, when he began to develop boils and eczema. His nurse kept him on the wrong diet, so I changed, and the next nurse brought him on till he was an entirely different baby. He always was a screamer and possessed unusual vocal power—amazing in a baby. At first of course, it was the inadequate feeding and then the boils. But now he is exceedingly strong and big. And very healthy indeed. The trouble is that the moment he catches sight of the "throne" he simply begins to bawl and refuses completely to do what is required, even to the point of defying us for an hour together when we all know that he must want to be clean very badly indeed; but he keeps it back and back—and there can be no trouble physically because immediately afterwards he presents us with a dirty nappy. All this is accompanied by shrieks of pure rage right from his stomach and I am afraid there is no question that it is pure defiance—with a bad temper. All other times he is fairly quiet and good. We have tried persuading him, coaxing, leaving him alone to do his "duty" (this last is best, though it is intermittent, and after fourteen days of peace we'll have a week of screams), suggestion, and every type of "throne" to meet with the situation. He has worn out three nurses who simply can't compete with the noise and temper, and we are dreadfully worried because we don't want to "break" his temper, yet one *must* cure his temper, which is really violent. He absolutely kicks and hammers on the "throne" table with anger and not a tear on his face. He started on the usual "pot". Then he could not be left by himself, even secured to a chair, as he kicked it from beneath him. We therefore made him a wooden polished square seat to cover it. He then kicked the "throne" one way and the pot the other, levering himself by the bedpost. We then mounted it on a sort of platform which by his own weight was unable to be moved. He then moved sideways and covered himself with the contents of the pot. Finally we made arms and a back to it and a movable tray in front of him which, when fixed, prevents him from getting his hands inside. His fury when he beheld this was almost funny. He now puts the energy he exerted physically before into his roars'.

The majority of these compulsive actions appear to begin in

infancy or early childhood. Occasionally one comes across a case where the specific habit reported appears to have arisen in later years, but I suppose that closer knowledge would show a pre-history of comparable actions going back to infancy. The following is a case of stereotyped compulsive action which was reported as having arisen at quite a late period :

' With a stick he (aged 7.9) will tap at the floor or chairs if he has nothing better to do, *or* if he is talking to you. I have asked what he is thinking about, and it is usually of what he is going to be when he grows up or of his grandfather's big game hunting, etc., that he would like to do. I imagine he has formed this jiggling habit this way—a year ago in the summer he was allowed to play with the garden hose, which delights every child, and was allowed to help clean the car, etc. Then when it was too cold he had the hose in the house and would pretend to hose by the hour. He was a very solitary little boy then, no children near—I think he got into the habit of shaking the hose and so shakes sticks or whips now '.

There seems to be little doubt that in all these early bodily actions the mechanism of introjection must play a profound part. This is clear enough in such oral habits as thumb or tongue sucking, eating hair or fæces, nail biting, etc. I think it is probable that the child's relation to his internal objects, whether part or whole, is the major key to all these ' bad habits '.

Amongst the various habits, those that involve either the action of the whole body, as in jigging or rocking movements, or of the head, in banging or knocking, are very interesting theoretically. One case of this type was a boy who from earliest infancy had comforted himself by curious thrusting movements of the legs as he lay on his back, which the mother said was more like a swimming movement than anything else, done with violent pushings and grunts, but with apparently no direct genital activity. I should like to raise the question of whether this could be the recurrence of an intra-uterine movement.

I have had one case of apparent masturbation in the form of violent movements of the whole body, knocking, as the mother put it, ' the tail, not the head '. In such a case there is obviously a reproduction with almost complete verisimilitude of the father's part in observed coitus. It seems to me quite possible that in all these cases of body rocking there has been actual sight of parental coitus, and that the mechanism is that of the introjection of the father as seen in coital movement.

In the case of head knocking, it would seem that we not only have introjection of the father in sadistic coitus, but a more complicated problem of displacement from the genital or bowels to the head. I have not had the experience of analysing any child in whom head knocking was a symptom, but an adult patient, a very severe obsessional case, has at times of extreme anxiety on the couch beaten his head with his closed fist with such violence as to make my own head and neck ache to see it. The principal phantasy in this action was that he was attacking the internalized parents who were in violent sadistic coitus inside him, injuring him and each other. Real events of a special and unusual kind in the patient's life were the main cause of this location of the parents' intercourse in the head.

Later phases of the analysis revealed other factors determining the displacement of aggression and anxiety from the genital to the head, or more strictly, from the pelvic region to the head. One of the most acute of the patient's symptoms during the last two years of the analysis has been an obsession that he was pushing a piece of soap up the rectum of various people, and it has become practically certain that he did this to himself in boyhood as a form of masturbation, and had very early phantasies of doing it to his mother in order to obtain the good contents of her body. Certain circumstances of reality, again, seemed to the patient to confirm the phantasy that he had in fact appropriated all these good things for himself, and robbed his mother and brothers and sister of them. It has also become quite certain that he himself had soap enemas given to him in infancy by his father, and that it is the extreme anxiety connected with this experience, taken as both an erotic wish-fulfilment on feminine lines and a revenge for his own phantasied attacks upon his mother, which led him to substitute a penis in the head for a penis in the bowels. The attempt is made to believe that he has a good penis in his head, i.e. logical thought and high intelligence and the profession of his father, whereas his mother and brother and sister have only a bad sadistic penis in their bowels.

I have seen a similar displacement from the pelvic region to the head in the case of an adult woman, who, as she says, would 'go mad' if she had any serious pelvic pain or illness, and has never been able to have any children, but 'does not mind' a pain in the head. She also is an intellectual person, who has substituted words and knowing about feelings for feeling and suffering. With her, too, detailed analysis suggests that the head is a refuge from extreme psychotic anxiety

about the bowels being attacked by the wished-for penis, in the shape of a soap stick or an enema ; and this comes about partly because the head is itself hard, not, in the words of my obsessional patient, ' jelly-like ', as the soft rectum and bowels are. Both these people seem to feel that they have more control of the internalized penis if it is located in the head.

The actual knocking of the head would appear to be an attempt to master the anxiety about the internalized penis located there, and to get libidinal satisfaction out of it.

These are but fragmentary suggestions with regard to the significance of this particular ' bad ' habit. It would be useful to have further evidence on the frequency with which experience confirms the impression that children who take to these body movements or head knocking have shared their parents' room and are likely to have seen parental coitus, and the view that they are also children who have experienced enemas or soap-sticks.

'BAD HABITS' IN CHILDHOOD; THEIR IMPORTANCE IN DEVELOPMENT

BY

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I do not want to deal with 'bad habits' related to certain character traits or an asocial attitude, but only with those which might occur in any child independently of its character development.

Most bad habits in children concern their own body, their physiological functions and their everyday activities, such as being dressed or undressed, washed, going to bed and getting up, walking, etc. Clinically they are often of *phobic* or *obsessional* character, and are caused by paranoid or phobic anxieties related to food, fæces, urine, lavatory, clothing, water, bed, street, surrounding objects or persons. Often these bad habits serve also to prevent the expression of perverse phantasies related to these objects and activities, which phantasies in their turn represent a cure for psychotic anxieties.

To give some examples: the child might refuse to have its nails pared, its hair brushed or its face washed, because it regards these manipulations as attacks. Often it fusses over being dressed because it equates this with a dangerous introjection or feels imprisoned in or attacked by the clothing ('robe of Nessus' or strait-jacket). Fussing over being undressed might be due to anxiety of being robbed of something precious (clothing equated to a love-object or to a part of its own body) or of being helplessly exposed to attacks or seduction if naked. Difficulties over going to bed often go hand in hand with difficulties over getting up. In the evening all anxiety centres round the night, the dreamlife, sleep, bed and darkness, while in the morning it is shifted on to the daylight, the day's work and reality. Going to bed may be equated with dying. The child is afraid of various attacks if in bed; often there is dread of the bed (equated to a prison) and its contents, e.g. that the sheets might strangle it. In addition it is afraid of the temptation to masturbate. Some people fear going to bed, because in the morning they have to get up again. Difficulties over getting up are also connected with the idea of being naked, with anxiety of washing and dressing, etc.

Children's fussing over going to the lavatory may be caused by fears of being attacked in the lavatory or by the lavatory itself, which is equated with a dangerous mother swallowing the excrements and

possibly the child itself. Often one observes that the child feels sorry for the lavatory it dirties. Difficulties over defæcation may be also reactions to various perverse anal impulses. Making noises, banging doors, ringing the bell violently, etc., are substitutes for screaming or sometimes for urination. The child thus attacks people it fears and overcomes its anxiety of noise. Habitually forgetting to turn off the light is mostly due to anxiety of the dark. The habit of not shutting the door is a way of preventing oneself from banging t ; it may also be caused by curiosity, by fear of being left alone, of having one's finger hurt in the door, which is conceived of as a biting mouth, etc. Clumsiness, untidiness and destructiveness are largely due to anxiety of the surrounding objects, which are regarded as personified and often equated to the content of one's own body or that of others.

Some bad habits, such as nail-biting, thumb-sucking, nose- and ear-picking, spitting, scratching certain parts of the body correspond to *perversions*. Bedwetting and incontinentia might be classified under the same heading. An adult patient had a perversion of wishing to take a bath in his clothes, waiting till the water got cold and then adding hot water to the bath. Thus he re-experienced the sensations of wet clothes getting cold after having wetted himself in childhood. By over-emphasizing the libidinal aspects of this situation he tried to overcome the anxiety connected with wetting. A little girl suffering from bedwetting used to let her doll have a bath in its clothes and then wanted to sit in the basin full of water with all her clothes on. Her 'naughty' impulse was determined in the same way as the perversion of the adult patient. In the case of adult perversions, however, the anxiety is more localized and the symptom is more organised than in naughty habits in children.

Generally these habits are regarded as substitutes for masturbation. Though they show the same structure it is not justifiable to regard them only from the point of view of regression. Often masturbation is a substitute for thumb-sucking and the oral activity is connected with more guilt and anxiety than the genital one. Much displacement of libidinal energy can be traced in these habits even at the earliest age. Thumb-sucking may be a substitute for anal masturbation (with adults smoking may be a substitute for receiving enemas), or vice versâ. In these activities pregenital and genital sadistic and libidinal phantasies are abreacted in a similar way as in masturbation. The phantasies connected with eating and defæcation find an outlet

in the bad habits, obsessions or plays accompanying these activities. Some children can eat or defæcate only if they abreact their phantasies by such means. Young children sometimes spend considerable time in playing while sitting on the chamber ; this outlet for anal phantasies is substituted later by reading in the lavatory, making obscene drawings or inscriptions on the lavatory walls, playing ' lavatory games ' with others, performing certain ceremonials in the lavatory, etc., and form the basis for anal perversions in adult life.

The type of direct instinctual gratification found in these various habits (nose-picking, ear-picking, eye-rubbing, scratching, etc.) indicates that beside the usually assumed " *erotogenic zones* ' such as mouth, anus, urethra, perineum and genitals there are also others, though less important ones : nose, ear, eye, nipple, gums, the space between the toes, sole, etc.

At times the relation between the bad habit and the perversion is concealed by the fact that the person's own body or that of a loved person is substituted by a dead object. A patient's habit of dirtying the covers of books was a substitute for masturbating on the clothes of a person at the same time avoiding her body (the book itself).

In certain habits, such as nose-picking or thumb-sucking, the aggressive element is more or less concealed by the libidinal factors. In other habits the aggressive factors are in the foreground, covering the libidinal ones. A patient banged the door in such a way that the china was knocked down from the shelves : this proved to be a substitute for earlier urethral attacks. Aggressive acts towards other children are as a rule substitutes for sadistic heterosexual or homosexual impulses. The bad habits in which libidinal factors prevail correspond to perversions in adults, while those in which the libidinal element is concealed by the aggressive content correspond to *asocial activities* or crime. Habits of both these types satisfy sadistic and libidinal tendencies, but also the demands of the super-ego. Nail-biting gratifies biting impulses and prevents scratching. Untidiness and clumsiness express aggressive tendencies but are also due to attempts to avoid touching (sexually or destructively) certain objects.

Both perversions (2) and asocial activities (3) represent different cures for psychotic anxieties ; in the perversions this cure is achieved by libidinisation, in the asocial activities mainly by flight into reality and by overcoming the anxiety by aggression. Bad habits help the child to deal with its psychotic anxieties (4) in a normal way and thus

further the sense of reality in a similar way as Edward *Glover* described in the case of perversion-formation.

A patient suffered from manifest paranoic anxiety before the latency period. In latency his conscious persecutory ideas disappeared almost entirely. He was very inhibited, but socially adapted and suffered from excessive compulsory masturbation and nail-biting. At the age of eleven he suddenly gave up nail-biting and developed open phantasies of biting and scratching the breasts of women and his open paranoic anxiety increased rapidly. The nail-biting had served both as a substitute for biting the breasts of women and as a prevention from scratching them. Both the nail-biting which had the value of a perverse activity and the compulsory masturbation helped him to achieve asocial adaptation in the latency period by overcoming the psychotic anxiety (5).

Habits involving the child's own body, like nose-picking or nail-biting, have the same structure as masturbation. In masturbation the libidinal, restitutive and sadistic impulses towards others are acted out—viâ identification—on the child's own body (6). Bad habits relating to other persons or objects, e.g. dirtying books, correspond to sexual activities shared with other persons. Sexual activity is conceived of as a restitution of one's own body (damaged by external and internal persecutors or by masturbation) and as a restitution of others, who by this act are turned from persecutors into love-objects. In addition through the sadistic aspect of sexuality internal and external persecutors are annihilated. Excessive sexual activity (6) and perversions (2) are due to psychotic anxiety. Normal sexual activity seems to be a specific cure for psychotic anxiety in normal people. Through the sexual gratification hated and feared objects (part-objects and persons, as well as parts of the person's own body) are turned into good ones.

The anxieties overcome by sexual gratification are mainly of paranoid and hypochondriac nature. Hypochondriac anxieties are caused—as we know—by fears of attacks from external and internal persecutors. But there is a still deeper anxiety, that of independent hostile parts of the body. The infant first projects its love and hate feelings on to various parts of its body. The parts which give pleasure (e.g. the erotogenic zones, mainly the genitals) become good ones and are narcissistically loved. The parts which cause displeasure (pain or frustration) are hated and feared. Hence the tendency to hurt hurting parts. The increased narcissism in physical illness is largely

an over-compensation of the hatred towards the aching (persecuting) parts.

The anxiety of hostile parts of the body fighting each other and the fear of disruption can best be observed in schizophrenia, but also in such everyday phenomena as in the anxiety of clothing; the parts of clothing standing for parts of the body. This anxiety is stimulated by unpleasant physical sensations—frustration or pain—and is increased by identification of the parts of the body with dangerous introjected objects. Sensations of pleasure turn the hurting parts into good ones, satisfy their imagined demands and so further the feeling of unity. Thus the anxiety of hostile parts of the child's own body and that of disruption is an important stimulus in seeking gratification of every sort. This anxiety is specifically overcome by physiological activities, masturbation, narcissistic phenomena, perverse and genital gratifications, and bad habits of perverse type. In nail-biting, e.g. parts of the body fight each other. In thumb-sucking this aggression is over-compensated by excessive love of these parts. But in thumb-sucking too aggression may manifest itself.

Another cure for this anxiety of hostile parts fighting each other, increased by that of introjected objects, is by achieving control over the body through muscular activity. Various disturbances of muscular activity, fits, tics, fidgetiness, rigidity, catatonia, all sorts of bad habits, mannerisms or abnormal movements, pulling faces, etc., are caused by this anxiety and represent attempts at cure. Head-banging is a fight between the head and the wall. By identifying both the head and the wall with other persons head-banging may represent a sadistic intercourse between the parents. At the same time it is an attempt to hurt (or to destroy) both the head (and its content) and the wall. Holding the arm in a rigid position may aim at preventing certain forbidden activities and at protecting the body, but it is also an attempt to control the arm (and its contents) and prevent it from independent actions or from getting lost.

The attitude of the ego towards bad habits (just like that towards perversions and asocial activities) is a varying one. Often it tries to deny them, as in the case of habits committed in sleep or chance actions unobserved by the individual. If they cannot be denied they are felt to be obsessional. In other cases again, the ego's endeavour to assimilate the symptom (7) leads to a secondary libidinisation of the obsessional habit, which thus becomes ego-syntonic. The endeavour of the ego to assimilate, to deny or to repress a symptom, is largely

due to the anxiety of the symptoms of uncontrollable parts of the mind, an anxiety which stirs up the deeper dread of independent dangerous parts of the body. This anxiety forms an impulse towards the unity of the mind—and is one cause for the ego's tendency towards synthesis (Freud) (8).

To sum up: the main cures for the early psychotic anxieties, mainly those related to part-objects and to parts of the body are: (*a*) libidinal gratification (physiological activities,[1] perverse and genital gratification, and bad habits of perverse type); (*b*) normal and abnormal muscular activity (physical games and a number of bad habits are included under this heading); (*c*) aggressive acts; (*d*) the relation to food, clothing, toys, flowers and other surrounding objects representing part-objects. This relation might form both the basis of bad habits and of many sublimations; (*e*) full object-relation might diminish the anxiety, both by direct satisfaction and through introjection-mechanisms. But as a rule it is—as Edward Glover (2) has pointed out—a much less suitable cure for part-object relations.

The importance of bad habits in overcoming normally early psychotic anxieties and in promoting the development of reality-sense explains why educational efforts to suppress bad habits are so frequently frustrated and why the habits often persist even into adult life. One may draw the pedagogic conclusion that more understanding and indulgence should be shown in regard to the bad habits. Surprisingly there is a tendency to be stricter about the bad habits in children than in adults. In any case one should not try so much to suppress the habit but to diminish the underlying anxiety and to provide a suitable cure, preferably in terms of part-objects.

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[1] The mechanism of using the pleasure derived from eating as a cure for psychotic (mainly introjection) anxieties forms the basis of drug addicton(9).

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A TYPE OF WOMAN WITH A THREE-FOLD LOVE LIFE[1]

BY

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NEW YORK

Freud points out three different ways in which women can arrange their destiny: (1) *Sex inhibition;* (2) *masculinization;* (3) *acceptance of the feminine rôle.* The third is obviously the norm. Yielding to femininity is facilitated by the child to whom the woman gives birth. Moreover, sex denial and masculine attitude, which to a certain degree develop in all women, are led by way of maternity over to the third (the normal reaction) and absorbed therewith. On the other hand, in cases of sterility, constitutional or acquired, there occasionally appears a regression to the first two reactions which may be expressed by the formula: Since I cannot have any children, I don't want to be a woman.

Some women manifest all three reaction-formations, not at various intervals in their lives, but concurrently and permanently. Thus, a sex taboo exists against one man, though highly regarded, while another is accepted in the most feminine sense conceivable. There may also exist into the bargain, despite a faithful and even masochistic devotion to this truly beloved man, a Messalina-like promiscuity with a third category, a group of men who are frequently interchanged with one another. The personality of these men is a matter of indifference to the woman, being but an unimportant appendage to the penis. She uses these men as men use prostitutes or ephemeral concubines. Hence, for this reason and also because of the daring aggressiveness with which these interchangeable men are conquered, these complex women might be regarded as masculine, were it not that we see their utter devotion to the husband or the man who fills the rôle of a beloved husband, and are informed about the hysterical spells of anxiety which attack them whenever the unfortunate taboo-man makes sexual demands. However, so that the taboo-man will not accept his rôle with resignation, he is tantalized by these women in the desire to force him to continue wooing a woman who attracts and repels him at one and the same time. Finally, the taboo-man is also interchanged, although not as frequently

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[1] Read before the Congress of the American Psychiatric and American Psychoanalytic Associations in Washington, D.C., May, 1935.

as the bed-fellow because, after a succession of rejections, he finally tries his luck elsewhere. Effeminate men permit such women permanently to castrate them and to accept even the enigmatical fact that these unattainable women have uninhibited sexual relations with other men. To the taboo-man these successful rivals often seem to be inferior men, and even the woman herself unhesitatingly pretends that in her own peculiar way she loves him better than anyone else in the world.

This three-fold situation is rendered even more complicated by all kinds of confusions so that it is difficult to receive a clear view of it in the chaos of the phenomena. To illustrate: this type of woman frequently falls in love with a man whom she at first regarded as nothing more than a temporary bed-fellow. Let us call the taboo-man A, the man she loves in a feminine and faithful way B, and the bed-fellow C. Frequently C becomes B. In such case, something has happened to the woman which she neither intended nor foresaw. Also, the woman occasionally yields to A's (the taboo-man's) irresistible impetus, in which case A becomes B temporarily and even C. When this occurs, the woman feels that he has lost his specific value for her and desires to get rid of him. However, this violation of her taboo happens rarely, and never in accordance with her own desires. She merely yields to the eternally frustrated A, becomes miserable and hastens to re-establish the former order of things. This is accomplished by forcing A who has broken down the walls of the dam, back into his category of taboo-man. Should this not prove successful, A who has become B or C is eliminated permanently and another man is placed in the position of A. There must always be A, B and C. One is not possible without the other.

The lie to which these women are forced by their behaviour must of necessity play a significant part in their lives. A must, if possible, remain unaware of B's and C's existence lest it cause him to break away. B also is kept in ignorance but only of C. A is displayed to B with pride as a proof of her fidelity and relative chastity. She permits B to reflect his own narcissism in A. A's existence destroys B's germinating suspicion that there is a category C. We know that such a network of lies is easy for the hysterical type. But these women are frequently compulsive and are compelled to tell the truth which further complicates the lives of A and B to a considerable extent, while it makes little difference to C, who, as a rule, is himself looking for little more than a temporary amorous adventure. Here it may be

added that neither A, B nor C is satisfied with his lot, but all three of them are wounded narcissistically and eager for revenge. They accordingly confuse her, persecuting her with both love and hate.

* * * * *

Gloria F., 30 years old, was born in New Orleans where she married her cousin ten years before she came to consult me. In the last four years of her marriage she avoided sexual relations with her husband and reacted to his love-making with spells of anxiety. Notwithstanding this, she repeatedly told him that he was the best friend she had and as a human being superior to any other man she had ever known. She could neither explain her inhibition nor overcome it. Her husband, still in love with her, continued to sleep next to her in the same bed, but was being gradually driven to face the advisability of a divorce. However, in a final effort to save his marriage, he accepted the advice of a friend and sent his wife to me for treatment.

Gloria's parents were pious Catholics who kept her cloistered like a nun until her marriage. She alleges that at twenty years of age she went into marriage without knowing any of the facts of life. She never experienced an orgasm during coitus with her husband but did not miss it because she didn't know that there was such a thing. Her husband was as unsophisticated as she herself, and it was only several weeks after their marriage that he succeeded in deflorating her. She gave birth to a boy with much difficulty due to the fact that the child was hydrocephalous. As a result her cervix was badly torn and the attending physicians insisted upon sterilizing her by ligating the tubes. Two years passed by, during which time it became evident that little George was feeble-minded. He could neither walk nor talk, and finally succumbed shortly after his second birthday to a childhood disease. When this period of misery was over, Gloria went down South to visit her parents. On the steamer—it was a long time since she had taken a trip without her husband—her grief seemed to fall from her like a cloak. She became young again and full of life. She lost her former diffidence and fear of men and was hungry for pleasure and adventure. Her parents urged her to adopt one or two children so that she would not go through life without knowing the love of a child. When she returned home, she made no mention of this to her husband but did tell him that a man on the boat had kissed her. She felt terribly guilty but her husband only laughed and said that he was glad to hear that she had had a good time.

If this was an error on his part, he shortly thereafter committed

another error which proved later on to be disastrous. He broached the idea of adopting a little boy, unaware that her parents had entertained the same idea, and persuaded her to agree. They called the child George after their own youngster. At the time the analysis started the boy was seven years old. Gloria told me that she loved him dearly, always had and always would and that he was really the only thing she lived for. Furthermore, she said that she could not think of a divorce because an adopted child was considerably more sensitive than one's own child and she couldn't inflict such a terrible thing upon her little boy. Anyway, so far as she was concerned, she wasn't interested in a divorce. She was quite satisfied with the life she led with her husband and would go on being so as long as he accepted her condition of a 'white' marriage. Here, we may anticipate one of the results of the analysis by stating that Gloria felt that the step her husband had taken in adopting a boy was an injury to her. She considered it evidential for the fact that her husband regarded her as a cripple because she couldn't bear any more children. She had really expected him to spurn the suggestion of adopting a child—even had she herself suggested it—and reassure her that they did not need a child, that she was his beloved, his child and everything else on earth. The adopted child in her home was an ever-present symbol of her inferiority.

Shortly after the adoption of the boy her husband went on a business trip for several months. When he returned, Gloria told him that she had a lover. His name was Joe and he was very young, eight years her junior. With him she experienced an orgasm for the first time in her life and she was deeply in love with him. Her husband submitted to the situation, perhaps out of a sense of guilt because of the tragedy his wife had undergone. Into the bargain he also resigned himself to the fact that from that time on Gloria rejected all his amatory approaches. Before the advent of Joe, they had had infrequent and unsatisfactory cohabitation but she openly raised no serious objections to it. Now, every time he attempted to make love to her she either fainted or had attacks of anxiety until he finally gave up the ghost, so to speak, and renounced all sexual relations with her. A maternal quality was manifest in Gloria's feeling for Joe from the outset. She now had two children neither of whom was her own.

As things were, the possibility of a marriage was discussed between her and Joe but she always rejected the idea because of Joe's age. She also told him that sooner or later he would want children of his own, and since she could not give them to him she would not permit him to

make such a sacrifice. Joe protested, but rather mildly, and she secretly suffered from his compliance with her objections. Years passed by and every now and then Joe broached the subject of marriage, but more or less casually, never seriously.

When the affair with Joe had lasted about five years, Gloria took another trip down South. This time she met a business man on the ship. His name was Roderigo, a countryman of hers, who cruised regularly between New York and New Orleans. Roderigo soon initiated her into all the mysteries of sex which had until then remain unknown to her, despite the efforts of Joe and her husband. She was not in love with Roderigo nor was he in love with her, but being a skilled technician in the art of love he taught her sensations that transported her into ecstasies. When she returned home, she informed Joe as well as her husband—frankly and sadistically as always—that she had every intention of going on with the affair and would see Roderigo as often as she could, which was once or twice a month. Joe was deeply wounded but was unable to break away from her, at least not just then. Her husband, by now inured to his wife's foibles, also suffered in silence.

Thus, when Gloria came to me for treatment, she possessed three men, who in the sense of the categories herein described, can be grouped into A, B and C. With Roderigo she experienced raptures without love—it was solely a corporeal affair. With Joe she was united in a sacrificial love. With her husband she enjoyed true companionship, but as a sex partner he was taboo.

In analysis, Gloria, of whose rigid upbringing scarcely a visible trace remained, declared that she must be permitted different rights than those accorded other women by virtue of the fact that she had had sterility enforced upon her. She was quite willing, she said, to go right on enjoying her life and had no feeling of remorse about her sexual extravagances. She was free. She felt that she was as far removed from her father's ideas as though an unnavigable ocean divided them. Even in her teens she had hated him because of his tyrannical lack of understanding. Now she objected to him only because he tormented her mother, who permitted him to enslave her. Rarely did she speak of what one might justifiably call her tragedy—the sterilization after the birth of her baby ; the child's imbecility and the death of the child to have which she had gone through such travail. She never had accomplished the mourning labour in her conscious ego. Whenever I tried to draw her attention to this, she changed the subject

or belittled the matter. Accordingly, there unconsciously raged within her a furious desire to have a child. Her unconscious had not yet taken cognizance of the unalterable fact that she was sterile. In her dreams she was impregnated night after night, had children, many children.

Her dreams took such distorted forms that we could not interpret them with ease at the beginning. She dreamed frequently of food and cooking. In these dreams she stood in the kitchen like her mother and demonstrated her culinary abilities to her friends. In reality, she couldn't cook a thing. We found signs of a strong orality. She had sucked her thumb for a long time when an infant, and had had a habit of chewing paper. Hence Roderigo's love-making made a profound impression upon her because he played upon her oral desires. Finally, there existed no doubt that she was being impregnated in her dreams in an oral way. Repeatedly she dreamed of pink objects. She prepared and ate pink salmon, knitted pink sweaters and other things in that shade. This remained incomprehensible to us until she divulged that the name of her adopted child's mother was Pinkerton. She identified herself with this woman in order to have a child of her own instead of merely an adopted one. This identification also took place orally, i.e. when she ate pink salmon in her dreams. She hated her husband although she had pretended to love him when she first came to me ; hated him because he had castrated her. To him she transferred her hatred of her father, not only after her operation but actually from the beginning of her marriage. Her husband, as mentioned previously, was her first cousin. This facilitated her transference from her father to him, and, according to the laws of heredity, may also have accounted for the degeneracy of her child. At least, this was her own rationalization. A girl must not have a child by her father lest a terrible punishment be inflicted upon her—castration.

In Gloria's case the castration was manifold : frigidity to begin with ; tearing of the genitalia during parturition ; sterilization ; feeble-mindedness and death of her child. The relation between these multiple shocks and her denial of sexual intercourse with her husband by which *she* castrated *him*, was totally unconscious to her before the analysis. She did not care to acknowledge that her tragedy had attained such importance. She preferred to admit that she and her husband had never been ideally mated. Even his personal odour was unpleasant to her. She pitied all her girls friends just before their marriage because of the wedding night which lay ahead of them. When

she had secured a surrogate for a child in the person of Joe, she rejected her husband completely. But the unreality of this substitution destroyed Joe's position, too, in the course of time. By sleeping with Roderigo, she took her revenge on him for never really desiring to marry her. Thus she slipped into position C, which for her signified the beginning of a masculine promiscuity. She often dreamed of such promiscuity, and in these dreams frequently identified with women of questionable repute, women such as those her father had been interested in allegedly only before his marriage.

When she was under analysis about six months, she brought the following dream to me :

> Dream 1 : I saw Clara Dolores, a former school-mate of mine, fell on my knees before her and said : ' You who know what love is will understand me '. Clara opens a drawer and in it there is a pin which I recognize.

To this dream Gloria reports that it happened after a night of love with Joe, the child-lover. Also that Clara Dolores had told her when they were going to school together that her father had abused her sexually. Once Clara had to undergo an operation and came to her crying because she had been told that if she had this operation performed she would never be able to bear children. She married some years later, and to Gloria's surprise had three children.

Gloria's associations render the dream easy to interpret : one can have children even if one is sterile and has had incestuous relations—real or illusionary—with one's father. It is probable, however, that Clara's operation was a simple abortion in reality. The drawer and the pin in it illustrated in an exquisite way Freud's equation : child equals penis (pin).

On the first day of the analysis she told me the following dream :

> Dream 2 : My husband wants to make love to me. I feel my usual repugnance. I say : ' The boy will see us.'

We can readily perceive in this dream her objection to the adopted child. It is as though she answered the question of why she could not sleep with her husband, thus : because he forced me to adopt a child instead of making me one. After the adoption—to which, of course, her husband had not forced her at all—she first secured an illusionary child of her own—Joe—and then broke away from her husband. This dream also manifests the masculine tendency in this woman so deeply wounded in her femininity, her re-enactivated ' Brunhilda ' complex (the boy being herself). Before her marriage she had always been a

tomboy in defiance of her father. Her older sister was a jellyfish who allowed her father to force her into marriage with an inferior man ; but this sister whom she held in such disdain did have two children. Gloria reported all this unemotionally. Unconsciously, however, she hated her sister and dreamed that she poisoned her. In her dreams, again indulging her oral disposition, she also poisoned her father, her husband and their adopted child. Gloria comprehends clearly what we term the Brunhilda complex. Even after her marriage she continued to live in this sense until she met Joe. Only then did she begin to feel like a woman. She recalled a repetitive day-dream that occurred in her childhood : one day they will find out that I am really a boy. Her heroine was Jeanne d'Arc.

Not only did Gloria identify her taboo-husband with her father, but also Roderigo, while she herself identified with her mother. For example, in the following two dreams :

> Dream 3 : A boat arrives in Havana (my mother was born and brought up in Havana) and I know that Roderigo has arrived. I write him a letter that I am there. (In reality I have never been to Havana.) After that, I dreamed that I have children.
>
> Dream 4 : A dinner party on the boat. I see Roderigo. My mother is also there and she seems to be complaining about something. Roderigo says that he is able to help her and that he will sleep with her. My mother accepts the offer. I also agree with it and say sarcastically : ' I would be very pleased to have Roderigo as my stepfather.'

Another dream indicated in shadowy outlines the unfulfillable condition under which Gloria would resume sexual relations with her husband :

> Dream 5 : Friends of mine—a very popular couple—the woman has white hair—send me a coiffeuse. (*Interpret : the parents release her genital. The coiffeuse is a genital symbol.*) The idea is that it is to be in exchange for some debt which these friends owe me. Joe has something to do with this debt. The coiffeuse is put into a room which has walls like my mother's room. (*Again, identification with the mother.*) Then I am lying on a couch with my husband. We have intercourse. (*Father identification.*)

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At the outset of the analysis my patient transferred her father to me. This was facilitated by a similarity of her father's name with

mine. I hinted to her that perhaps in the run of the analysis we might have to eliminate one or the other of her lovers temporarily, in order to study the situation in the state of a pent-up libido. This conditional hint of a future prohibition was sufficient to make Gloria banish both her lovers from sexual intercourse immediately. She was proud of her renunciation, even cheerful about it, especially because of their reactions. For the first time, Roderigo declared that he was in love with her. She received his declaration with indifference and considered it rather a laughing matter. Joe proposed—too late. She expected me to praise her highly for her renunciation.

Being under the impression that, as a father image, I had displaced the taboo on to my own person, I suggested that she attempt coitus with her husband. She did so. This time she experienced no anxiety, but was frigid with him as always. That same night she had the following dream :

> Dream 6 : There are many women ; my mother-in-law, her mother, my own mother. They give me a pink kimono. (*I have already interpreted ' pink ' as indicative of maternity in this case.*) Massenet is also there. (*Her mother loves Massenet's music. She divides the name into : masse and ne—a lot of newborn babies.*) I lose my hairpins. (*A castration symbol in the sense of Freud's equation.*)

This dream, short as it is, represents a dream-pair. First—hope of impregnation. Second—castration. Translation : If he could only make me a mother ; however, as he cannot do so, I only lose the rewarding illusion of my masculinity in yielding to him.

She did not repeat the attempt to copulate with her husband and for months covered me with reproaches because I had suggested it. Her reproach that her father should never have permitted the marriage was transferred to me. Rationalizing, she said that because of me, false hopes had awakened in her husband.

A few months later, Gloria resumed her relations with Joe. She was no longer in love with him, however, and encouraged him to have affairs with other women. Since the appearance of Roderigo, he had endeavoured to free himself from her. He finally fell in love with another woman and gave Gloria up. Although she herself had manipulated the strings, she wept bitterly over his abandonment of her. Her dreams in this period revealed that tears for Joe symbolized in a deeper layer the loss of her child. In this form she was enabled to accomplish belated mourning labour. She was careful, however, to

foil all attempts on Joe's part to return to her. She felt that this affair was over once for all and should not be resumed.

As the analysis progressed, it became clearer and clearer to Gloria that she could no longer live with her husband. The decision of a divorce was facilitated for her by her husband who was also under analysis with another analyst and comprehended that because of all that destiny and they themselves had inflicted upon each other, they could really not continue to live together as man and wife. Thus, the separation from Joe became a forerunner of her divorce. She continued her affair with Roderigo even after her divorce, seeing him every once in a while, but the high sexual tension with which she had formerly awaited him was gone. She made all kinds of excuses to leave the adopted child with her husband who soon after sent him to a school. Being financially independent she took an apartment for herself after her divorce. She realized that as a sterile young woman, with normal sex functions, she was socially endangered. The structure of her three-fold sex life crumbled down in this analysis.

* * * * *

Gloria, a woman reared in an austere milieu, had strong masculine tendencies considerably over-developed by sex repression enforced upon her until long after puberty. Consciously, she hated her father and pitied her mother. Unconsciously, the direct and inversed Œdipus caused her to be frigid in her marriage. Nevertheless her sex-life would scarcely have assumed the herein-described three-fold conformation had not her masculine and maternal tendencies undergone an extraordinary over-cathexis by castration. Thus the father-taboo (incest barrier, sex inhibition), the love condition of maternity (Joe), and masculine promiscuity (Roderigo) re-enactivated from her virginal age and existed simultaneously together.

* * * * *

In another case of the same conformation, a childless woman, into whose analysis we will not go into detail, loved her husband devotedly and masochistically and their sex-life was comparatively satisfactory. Save in passing periods of frigidity, he was not taboo for her. To maintain this, however, it was necessary that another admirer of hers should be taboo. As soon as these two pillars of her love-life were erected, class C also showed up in addition.

In yet another case which I analysed, an unmarried girl held taboo one man who desired to marry her and took care of her for years in a generous fashion. There was another man who lived in the West and

came to New York only occasionally. This man she loved with a kind of awe. At the expense of the taboo-man, she travelled to Florida every winter, where she indulged in wild orgies with comparative strangers, even with coloured men. She finally contracted a gonorrhœa from which she suffered for years. She related all these experiences to me as though they had all happened in a dream and not in reality. She was very sensitive about phrases and words that called sexual matters by their real names. A Lesbian tendency in this case was unmistakable. She had a younger sister whose great beauty she always praised, and with whom she identified in her dreams. In these dreams she was not the daughter of her father because he, himself a drunkard, had always said that her sister was not his daughter and that her mother was a harlot. The family life was most unpleasant in every respect. When her father threatened her mother, her brother knocked him down. My patient practised mutual masturbation with this brother when she was twelve years old. There was another lover who lived in the South whom she saw only once a year. He was much younger than she, a ne'er-do-well, who took money from her, money which she received from her taboo-man. In this case, group B was represented by two men, the one in the West of whom she was afraid and the one in the South whom she mothered. Both of them appeared periodically only. Here, also, there was a gonorrhœa with consequential sterility. But the disposition in this case for a split sex-life arose from her childhood environment. Her sister was her child. She also spoke of her many lovers as " her kids "—the one down South as well as all the others whom she had interchanged with each other. The man whose generosity enabled her to live luxuriously had not always been taboo. He became taboo when she learned that his mother was violently opposed to their marriage which caused him to postpone his proposal until after his mother's death. It was this narcissistic wound which created the taboo.

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Once one becomes aware of the three-fold split delineated in this paper it crops up frequently. Some women with whom I spoke about it looked at me suspiciously, and asked: ' Do you by any chance mean me ? ' I believe that the split is universal in rudiments. Sterility plays an important part therein. The knowledge that they are deprived of this universal inheritance of femininity seems to drive some of these women from the heterosexual genital level back to masculinity, sadism and masochism, and in their endeavour to regain the

lost level they are given to a form of sex-life which complicates their own life just as seriously as that of the men who love them.

The psychology of the sterile woman and her place in universal history (the Virgin Queen), anthropology (' The Joyless Widow ') and mythology (Lilith) is worth some further investigation. Under favourable circumstances, it is creative. Consider Nietzsche's famous lines : ' Everything about a woman is a mystery and everything has one solution : it is child-bearing.'

SHORT COMMUNICATIONS

THE ANALYSIS OF A TRANSITORY CONVERSION SYMPTOM SIMULATING PERTUSSIS

The transitory conversion symptom which I wish to describe is one of an acute attack of sinusitis with respiratory symptoms simulating pertussis. The attack occurred in the fourth month of analysis of a twenty-five year old male patient, a post-graduate student working for a master's degree, who came to analysis because of sleep walking, severe night terrors and psychic impotence. In his sleep walking episodes he invariably walked toward a window or another bed and then returned to his own. The character of the impotence was such that it appeared to constitute a prolonged adolescence.

He was the only child. His parents had separated when he was five. His father died when he was ten and during the interval from five to ten he lived with his mother and his grandparents. He was particularly fond of his father and also his grandfather whose death followed a few years after that of his own father. From that time until he entered college two years ago he lived with his mother and grandmother.

When he came to the analysis, he complained of a double antrum infection which, however, was not severe but had been present for about two years. He had had similar difficulties as a child, but was uncertain of the exact dates of the disturbances. The antrum infection became progressively worse during the analysis up to the time I am about to describe, when he developed a severe cough which he believed was due to the drainage of mucus from the antrum into the posterior pharynx. Just previous to this attack it seemed necessary to his analysis for me to discourage his wish to accompany his mother to Alaska for the summer. I suggested that he continue in analysis until my vacation period and then either take his vacation alone or possibly accompany me on mine, continuing his analysis during that time. He reacted to this with intense hostility. He particularly emphasized his inability to entertain himself, the great disappointment it would cause his mother and his difficulty in understanding why he should deprive himself of any obtainable comforts.

Then he contracted German measles which necessitated his confinement in the hospital for several days. Upon his return to analysis he related a dream in which he equated the hospital with the mother and his stay there as one of reunion with her in which he played the rôle

of fœtus. Following this his cough became progressively worse, necessitating his taking a separate room in his dormitory (because he disturbed his room-mate). The coughing attacks were particularly noticeable while eating or while in the presence of women. These two facts the patient observed and reported himself. With the onset of the cough he wished to consult a nose and throat specialist for the purpose of having his antrums punctured, drained and periodically flushed, and he had made one visit to a nose and throat specialist before he informed me of his intentions. I discouraged any surgical treatment because I believed, in view of other material, that this was an attempt to obtain a more personal relationship with a physician, in which he obviously wished to be attacked surgically. There was considerable manifest resistance to my discouraging these treatments amounting almost to a defiance.

It was also noticeable that he did not cough during the analytic session, called attention to this himself and at the same time referred to my cough, asking me if I did not think it was psychogenic and that maybe he was 'going me one better' by getting a much 'better' (more productive) cough than mine.

At this time he was desirous of spending a week-end at home with his mother, who lived in the East, giving the rationalization that he needed rest, good food, etc.; but, with very little assistance on my part, he came to the conclusion that what he really wanted to do was to get home to be cared for by his mother. He said that, although I had not forbidden the trip, he felt as though I had. He was then invited to spend a week-end at the home of obvious father- and mother-substitutes, which he did, and while there had a sleep-walking dream which he related the following morning:

> Dream: He got up out of his bed and went to another bedroom. He was not sure if his bed was being *pushed* in the other room or if he was walking, i.e. there was something about being 'pushed.' He felt there was something unusual about the carpet, as though it should not be there. He also had the feeling that in the dream he had entered another bedroom and had placed his hand on the knob of the bed, with a strange feeling that it was not a knob at all. (He actually awoke with his hand on the knob of his own bed but with the confirmed belief that he had walked to his bathroom and returned.)

In associating to the dream, he recalled a memory at the age of five which he had previously recalled in the analysis. In this memory he

had gone from his bedroom through a connecting bath to the bedroom in which his parents were sleeping. He remarked that this bathroom had a tile floor and then associated to another similar memory of a time when he was about four, was living in Cuba where the floors were all tile, of hearing a woman moaning on their front porch and of his father, mother and himself standing in the hallway attempting to see what was the trouble, the father holding a revolver in his hand.

In associating to the placing of his hand on the knob of the bed, he recalled that when he was nine he remained over night in a hotel with his father, at which time his father became intoxicated and stripped in his presence. He recalled looking with fascination and apprehension at the father's large penis.[1]

He then recalled another dream of the same night :

> Dream : He was lying in bed with a girl named ' Bobby.' He *looked up* to see his mother standing over him and he wondered if she would be angry at his situation. She smiled reassuringly and he knew that it was all right.

He then associated to taking a basal metabolism test, identified the girl with the technician and the metabolator hose and mouth-piece with both the breast and the penis. While telling this, he had a severe attack of coughing which made it necessary for him to sit up on the couch. During the attack it was possible to observe the nature of his cough. (Inquiry revealed that he had an identical coughing attack with paroxysms during the metabolism test which occurred immediately after his previous analytic session.) The attack showed a striking similarity to pertussis. The drawing in of air was distinctly croupous in character, was followed by the expulsion of a large amount of mucus, gagging and some vomitus.

Following this coughing attack he spoke of his father's death and in his associations recalled that his father's mistress was present at the funeral and that he was told she had pulmonary tuberculosis. Then quite spontaneously he said, ' I think I know what this is all about. The sleep-walking dream is a re-living of something I did as a child, i.e. I must have gone from my room into my parents' room and observed intercourse. I think I did this several times. I believe that I identify myself with my mother, that is, I take the place of my mother and have intercourse with my father, but I use my mouth for

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[1] It is interesting to note that all of his masturbation fantasies revolved about masturbating a man with a very large penis.

a vagina, in plain English, perform fellatio with him. That is the drawing in, then I return what I have taken. Those are the excretions and the vomitus.'

It is my belief that these interpretations are correct—he attempts to re-live symbolically his reactions to the primal scene-dream described. Later material confirmed the assumption that because of his inadequacy in competition with the father, he solved his problem through identification with the mother. He attempts to obtain satisfaction in the only way which appears open to him, i.e. oral satisfaction. He cannot destroy the father ; he cannot compete with him genitally ; furthermore, the father can destroy (castrate) him ; to avoid this he renounces genitality, regresses to an oral stage and identifies the father's penis (an organ which also gives milk) with breast. The mother and not the father then becomes the rival.

This he attempted immediately to deny when he told a fantasy of having his mother perform fellatio upon him. He associated to a telephone conversation which he had with her the previous night and to his surprise when she was quite willing for him to remain in analysis or go to Europe during the summer and not to come home, which request he had believed would be reacted to by her very negatively. The attempt to prove that his mother needed him and not that he needed her had been one of his leading rationalizations, so that I believed this fantasy represented the denial of his passive receptive wishes. The curiosity is well illustrated in the dream both in relation to the walking during sleep and the attempt to go into the bedroom of his host the same as he had wished to enter the room of his parents. Also the feeling of being ' pushed ' is significant, and I believe can be interpreted as ' curiosity push '—as well as the ' push ' or wish to ' act ' —to exhibit himself to others—during the sleep-walking dream he not only seeks satisfaction for his curiosity but he exhibits himself as well. The objectivication of his own wish, i.e. his ' push ' to investigate, to satisfy his curiosity and the resulting wish to exhibit himself is clearly shown. He projects this wish, objectifies it and has the feeling of being ' pushed '. The significance of being ' pushed ' in a sexual scene is obvious.

I made an interpretation along those lines and also called his attention to the epinosic gain through illness, that is, how he was able to live out some of his passive receptive desires with the rationalization of illness ; further, that the dream indicated a passive identification with the mother in which he fantasied himself entirely in the receptive rôle but with conflict.

The setting for the dream, that is, in being for the first time during the analysis in the home of obvious parental substitutes, produced an ideal situation in which he could revive repressed memories of his childhood sleep-walking, and in this episode he attempted again to go from his room through the bathroom to the room of his parents.

He came to the next hour with a typical negative therapeutic reaction. His cough was much worse, he attempted to convince me that he probably had pertussis, that he had actually been advised to take pertussis vaccine and that his room-mate suggested to him that he might have tuberculosis. Then his associations suddenly turned to the subject of his childhood eating habits, and for the first time during analysis he told me that as a child it was almost impossible for his mother to persuade him to eat, that he became very nauseated at the sight of certain vegetables, the only one he could remember being string beans. In persuading him to take sufficient food, many methods were attempted, among them being a game of naming each teaspoonful after some automobile and also after each member of the family.

The patient analysed this as a rejection of oral satisfaction, a method of obtaining sympathetic attention from the parents and others as well as a way of worrying them. Then he said that he felt ashamed of coughing during the hour as though he gave the analyst nothing of value but only the phlegm ; that previous to my interpretation he had disturbed only his room-mate and some of his girl friends with his cough, but now he was disturbing me and had ceased coughing entirely in his own room.

Inquiry revealed that he had never had pertussis as a child, but he remembered that many times he had listened to his mother reminisce about her ' whooping cough ' which she had when she was a little girl. The attacks had been graphically and dramatically described by her in detail so that he had formed in his mind a comprehensive picture of her illness. This illness he obviously now dramatized through the process of identification—identification again in a hostile manner. In the same way that he attempted identification with the analyst he identified with his mother as a sick little girl who obtained much sympathetic attention by this method.

The following hour his cough had materially improved. The spasmodic character had completely disappeared. His first associations followed again along the lines of giving and receiving. He rather schematically suggested that the excretions were giving, but a soiling type of the same. He then remembered an episode when he was five,

at which time his aunt and grandmother were due to arrive by boat in Cuba to visit his family, and just as they were about to leave to meet the boat he urinated in his trousers. He connected this with giving and soiling in that this ' acting out ' served for him several purposes, that is he was being asked to share his parents, and particularly his mother, with his grandmother and aunt, which he did not want to do. He symbolically urinated upon his grandmother and aunt, delayed and aggravated his mother, called attention to himself and at the same time paid the penalty for his hostility through the process of self-soiling. The cough entirely disappeared after this session.

In summary it seems to me that the whole conversation episode was a reaction to my discouraging his living out, during the vacation period, of his passive receptive wishes in relation to his mother. He attempted to compete with me first in a very hostile way, taking for the basis of his identification my cough, that is, he said that I possessed no good qualities which he could imitate, but only bad ones, and that he could produce a more potent cough than I. This identification then actually became a hostile rejection of masculine identification and regression to passive oral receptive gratification. The fact that he took for this identification his mother's whooping cough also expressed a hostile identification with her as well as the analyst. He might have said, ' Only women (little girls) have coughs ' and that the analyst only had feminine qualities.

He attempted to obtain outside the analysis, from the nose and throat specialists, what he did not obtain in the analysis from me, i.e. a more intimate relationship, actual medical and surgical attention which would constitute not only a passive satisfaction but real physical punishment as well. At the same time he tried to prove that my therapeutic methods were valueless and that he required actual medical intervention. He entirely abandoned any attempt at masculine genital identification and substituted his conversion symptom for masculinity (a potent cough and the giving of secretions which was an anal type of giving). At the same time he was able to maintain the passive-receptive rôle. In this connection the active and passive polar opposite features of genitality were maintained through the process of regression to oral and anal levels of libido organization. He symbolically made of his body, and particularly his head, a male genital as well as a female one, and his cough and excretions symbolized his potency so that he could feel free to indulge his receptive desires ; all this in

the form of illness as a source of suffering, but at the same time gratification of the repressed trends.

The further permitting of the expression of his need for attention and sympathy is of considerable importance : because he was sick, because he coughed loudly and long, he was able to call particular attention to himself and more specifically sympathetic attention. It is of some interest that at that time he took a leading rôle in a fraternity play and was able not only to exhibit himself but his cough quite effectively. During rehearsals he delayed the performance many times while having a coughing attack, but fortunately the conversion disappeared before the time of the actual production and he gave an excellent performance without having a coughing attack.

This case offers an instructive example of the extreme condensation of unconscious tendencies expressed in a conversion symptom. In all probability the cough had some organic basis in a slight bronchial irritation concomitant with measles, but it was exaggerated by psychic factors and served the purpose of expressing a variety of interwoven unconscious tendencies.[2] The bisexual significance is particularly conspicuous ; it expressed both identification with his mother in her receptive rôle (fellatio) and identification with the analyst and his father (potent coughing). Furthermore, it was a means of obtaining attention and sympathy as well as serving exhibitionistic tendencies ; finally, as an expression of illness, it was a source of suffering and thus satisfied the need for punishment resulting from the hostile significance of his aggressive coughing with which he actually disturbed his environment and symbolically expressed an anal attack (soiling with excrements).

George W. Wilson
(Chicago).

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[2] See Freud : ' Fragments of an Analysis of a Case of Hysteria ', *Collected Papers*, Vol. III, Hogarth Press, 1925. Menninger, Karl A. : ' Some Unconscious Psychological Factors Associated with the Common Cold ', *Psychoanalytic Review*, Vol. XXI, No. 2, April, 1934. Saul, Leon : ' A Note on the Psychogenesis of Organic Symptoms ', to be published in the *Psychoanalytic Quarterly*.

A CONTRIBUTION ON FETISHISM [1]

In his paper on ' Fetishism ' [2] Freud has pointed out that the fetish usually signifies a penis-substitute. Here I should like to describe two further interpretations of the fetish that came to light in a case analysed by me, and which led me to suppose, after looking through the literature on the subject, that they play an essential rôle in nearly every case.

There are very many people for whom the one or other quality of the love-object is of special significance in their love choice, sometimes representing even a ' conditio sine qua non '. These people are certainly not quite free: that is, strictly speaking, not perfectly healthy, but still not really perverse. Only those can be called fetishists in the real sense who do not need a sexual partner, but only a fetish, and whose sexual activity has not the act itself as its aim.

These people—as is generally known—are with few exceptions men. The actions that give them gratification consist nearly always in putting on the fetish, or in putting part of their body into the fetish. Very many fetishes are by nature hollow or are used as receptacles in the perverse actions; such are shoes, corsets, articles of clothing, under-linen in general, especially drawers, then fur articles, handkerchiefs and, for instance, in a remarkable case told me by Dr. Pfeifer, the hollow part of an artificial leg. The interpretation of these objects as the vagina and the womb respectively is quite as obvious as the penis interpretation of the use of the body itself or part of the body. Thus fetishists are men who dare to consummate coition only symbolically—distorted by two parallel displacements. In the case I analysed this was readily admitted. But much harder to make conscious was the fact that the part of the body used represented also the father's penis, to whom coition was allowed and perhaps, at bottom, the patient himself, as quite a small child, in the sense of Ferenczi's Gulliver fantasies.[3] Here we have arrived at castration anxiety and the mastery of it: that is to say, Freud's interpretation.

I have no personal experience of feminine fetishists. But what I know about some quite isolated cases of women fits in well with my line of thought. They are described as very masculine persons and

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[1] Translated by Barbara Cooke. Read at a meeting of the Hungarian Psycho-Analytical Society, December 7, 1934.

[2] *Ges. Schr.*, Bd. XI, p. 395.

[3] *Intern. Zeitschrift f. Psa.*, 1927, p. 379.

—what I consider the most important—they do the same things with their fetishes as do men. Thus, the perverse action of a patient treated by Dr. Dubovitz consisted in putting her nose into the handkerchief used as fetish.

The fetish has, however, still another interpretation. On closer inspection it turns out, that it is also a worthless object that has been raised to this dignity. I know of no single case where a valuable piece of jewellery served as a fetish and certainly none where its intrinsic value played any part. With pieces of clothing especially it is mostly an advantage, if not an indispensable condition, if they are old or at least worn. Further, the fetish is a lifeless thing, which can easily be taken away from its legal owner. On the other hand the feeling of undisturbed possession of the love-object—at least in the case I analysed—was of very great importance for gratification. Another condition belonging to this complex is that the fetish should have a smell. I think that further material is superfluous : the fetish surely signifies fæces too. On the basis of my case, unfortunately not ended, I am unable to say how it came to this interpretation, and more especially whose fæces was meant. I surmise only that it was not his own fæces, but that of his parents and so that the act is in close connection with the anal theory of birth and of coitus.

With this surmise I come very near the experience of Melanie Klein,[4] who has shown very convincingly that in a rather early period of the child's development the fæces and the body contents of the parents respectively—but especially those of the mother—reach the central point of interest and that the most important sexual aim of this period consists in getting hold by every possible means of these body contents, which are endowed with magical powers. The description of Mrs. Klein is doubtless correct, only these important phenomena—in my opinion—are not of a primary nature. In this connection I should like to support C. D. Daly, who behind the fæces and body contents fantasies would, here, look for the much more strongly repressed mother vagina—which, we too easily forget, also smells. My material unfortunately allows me only surmises and no cogent conclusions.

From these thoughts follow on two interesting parallels to kleptomania and transvestitism. I believe that both these perversions rest on the same psychological basis, only in the case of kleptomania the

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[4] *Die Psychoanalyse des Kindes*, Vienna, 1932.

chief stress is laid on the seizure itself and in transvestitism on the putting on and hiding in the clothes. I consider it an advantage of my reflections that they permit us to bring these three forms of perverse sexual activities together theoretically also, for according to clinical experience they are certainly related phenomena. Of course, my reflections must first be confirmed by experience.

Michael Balint
(Budapest).

ABSTRACTS

General

Raymond de Saussure. ' Uber genetische Psychologie und Psychoanalyse.' *Imago*, 1934, Bd. XX, S. 282–313.

The aim of this paper is to show how much may be gained for the understanding of psychology by a comparison of the findings of the psychoanalytical school with those of the school of genetic child study represented by Piaget, Luquet, etc. The differences of approach between the two schools are compensatory and to study the problems of child psychology from one standpoint only is likely to lead to unnecessary mistakes, while to understand the laws of children's thinking from the facet of what is conscious may be a help even in psycho-analytic therapy.

The three subjects chosen for this study are the psycho-analytical theory of infantile amnesia, penis envy and the formation of the super-ego (Uber-ich) in the boy. Saussure shews how well the intellectual aspects of infantile sexual amnesia and penis envy fit into the discoveries made by the genetic school of psychology with regard to children's thinking.

The last part of the paper is concerned with a comparison of the formation of the super-ego as described by Freud and Alexander and the genesis of the child's moral sense as seen by Piaget and Bovet. Though in some respects the conclusions which the two schools have arrived at are compatible there are differences. For instance, the Œdipus complex and the castration complex have no great importance according to the genetic school of child study. On the other hand, this school has discovered that there is a great change in the affective and moral spheres of the child's psyche in the seventh and eighth years.

The problem of the jealousy of children among themselves depends on the stage of moral development of the older children.

Saussure holds that an understanding of the work of the genetic school is very useful in therapeutic work.

I. F. Grant Duff.

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Ian D. Suttie, Morris Ginsberg, and Susan Isaacs. ' A Symposium on Property and Possessiveness,' *The British Journal of Medical Psychology*, April, 1935, Vol. XV, Part 1.

Ian D. Suttie : The relationship between ' The Sentiment of Ownership ' and ' The Incentive to Work ' is of prime importance. No substitute for the impulse to own has yet been found. The Great War indemnity and Debt are examples that acquisitiveness is not in all respects rational. The miser, the spendthrift and the gambler exemplify pathological

behaviour in the individual. The claim that 'saving' is an economic ideal is unjustified. Public attention is displaced from possession for use to possession for control. Psychologically saving is a shifting of confidence from good will to good faith. This is indicative of anxiety. The individualist possesses himself of the means of production and so assures his security by conferring favours (food) on others. The communist demands his share of the means of production (mother), hates the favoured child (capitalist), and defends himself against jealousy by renouncing special favours. They both seek the same thing by opposite methods and each hates and fears the other. The quarrel has its roots in separation anxiety arising from love privation in infancy. Possessiveness in our economic system has neither the uniformity of instinct nor the rational and practical characteristics of self interest or reality thinking. The motive is not aim-inhibited sexuality (Freud) but self-preservation adapted to the condition of parasitic infancy. Social values attached to the meaning of excreta during sphincter training contribute more to the meaning of excreta than its primary meaning does to the social significance of property. The desire to possess means to have more and others less than is needful, so that mother separation anxiety is mastered through identification with the mother. Practical measures based on these theories must fail unless the development of excessive separation anxiety is dealt with.

Morris Ginsberg : The sentiment of ownership is a complex of all the primary needs interwoven with numerous emotional dispositions. The personal connection may be almost entirely lost. Even in such cases the sense of ownership can be felt with great intensity. Such an affective state is only made possible by the growth of systems of belief and valuation affecting not only property but the whole social structure, and its interpretation involves an analysis of all the forces involved in social stratification and the distribution of social power and prestige. The desire for approbation affects peoples' attitude to property. The will to power is intimately connected with this desire and appears to be self-assertion intensified and made conscious of itself. Resistance makes us keenly aware of an impulse; if it is overcome heightened self-feeling is engendered and the desire to overcome results. Aggression is self-assertion intensified by thwarting. The problem of incentive is obscured by the failure to take into account the different types of work. An economic system could easily be imagined which would give to the motives of self-assertion, to the desire for approbation, and to the exercise of aptitude a socially more desirable turn than the existing competitive property institutions.

Susan Isaacs : The genetic study of feelings and attitudes is the correct approach to the study of the property institutions in modern society. The possessive impulse in children takes many forms. Sharing must be absolutely just. The intrinsic value of an object is of much less

importance than its relation to a third person. The child's attitude to gifts is complex. Both the gift and giving are love itself. The child as giver feels potent as he is able to give, he is no longer a helpless infant dependent for love on others and a prey to anxiety, jealousy and rage. The ultimate situation from which the desire to own arises is the mother's breast. The analysis of a seven year old boy revealed that an inordinate craving for gifts was due to oral frustration in infancy. He not only sought the primary satisfaction of love and hunger, but he had to find a good breast to protect himself against the breast he had spoiled in his frustrated rage. His phantasies were linked with the actual home situation. He felt he was responsible for the difficulties, the bickerings and the poverty. It is possible to suggest that the desire for property, particularly miserly craving, owes its origin to a shifting of desire from the living body to removable parts of it or lifeless objects mainly on account of anxiety. These things can be taken without personal injury and can easily be restored. No attempt has been made to forge links between primitive feelings and adult social phenomena. The aim has been to challenge the concept of an acquisitive instinct, and to plead for closer co-operation between psychologist and sociologist.

T. H. Marshall : The following three points are distinguished : The desire for security, the desire for social status and the desire to be in a stronger position. Use and ownership are contrasted. It is use not ownership that gives satisfaction. Ownership ensures access to the source of satisfaction. This only appears to be rational, it may not even be desirable. There is a difference between gaining security for old age by accumulating property and by being entitled to a pension. Yet there does appear to be an irrational delight in ownership. Income being directly related to use is more governed by the rational principle than property. The propertied man has a stake in his country, the man without property is or was an outcast. The importance of ownership is receding in favour of citizenship and earning capacity. Property may be a means to social competition and prestige but this may be achieved by competition for the right to live at a higher standard and by social approbation as in contemporary Russia. It is not necessary to look to the unconscious for the urge towards property accumulation, it is not manifestly irrational. The excretory hypothesis might explain the miser's behaviour, and the ' mother need ' of the child social behaviour. The difficulty is to understand why the anxiety-security complex leads to irrational acquisitiveness. The position of the child at the breast is not competitive. If property exists as a social institution then the anxiety-security complex is likely to lead to competitive acquisitiveness. This complex is unescapable and it may not be ineducable.

David Matthew.

Sexuality

Edmund Bergler. ' Some special forms of Ejaculatory Disturbance not yet described '. *Internationale Zeitschrift für Psychoanalyse*, 1934, Bd. XX, pp. 252–260.

The author deals with one group of ejaculatory disturbance only, namely ejaculatio retardata. He classifies his cases into two groups: (*a*) delayed ejaculation, (*b*) complete lack of ejaculation. The latter is either a urethral form (previous enuresis) or an oral form.

H. A. Thorner.

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Fritz Wittels. ' The Psychological Content of " Masculine " and " Feminine ".' *Imago*, 1934, Bd. XX, S. 411.

Wittels in this paper analyses the concepts of masculine and feminine. He shows that they are concerned with more than ideas of activity and passivity, more indeed than can be ascribed to intellectual perception, and that they are rather matters of intuition than of intellect. He seeks in fact to establish them as ' Erlebnisse '—that is, as something experienced. He shows how relative the concepts are both in the history of the individual and with different peoples and different epochs.

All psychic functions are charged with libido and cannot otherwise occur. The libido is desexualized, an indifferent psychic energy. But the Id, the matrix from which the Ego with its mode of thinking is derived, is bisexual. This is fully attested by analysis of adults and children, of dream symbolism and of primitive culture. The super-ego, however, demands that the individual be not only monosexual but that he be asexual too. This demand is never fully complied with, an example of this failure being the familiar polarity of thought. There is a genetic connection between the bisexuality of the Id and compulsive polarity of thinking. Masculine and feminine belong to this polarity of thought. In our cultural environment beauty and attractiveness are feminine while integrity, dependability and moral superiority are attributes of masculinity.

His definition of masculine and feminine at the level of the Ego is—that which is experienced in the form of thought-polarity as masculine and feminine.

To the much debated question as to whether masochism is feminine, he replies—one feels it as feminine.

The bisexual impulses of the Id are constantly seeking satisfaction from within or without, utilizing the mechanisms of projection and identification. The feminine impulses seek completion in internal or external masculinity and vice versa. His definition of masculine and feminine at the level of the Id is—that which strives for completion through feminine or masculine.

Mark Burke.

Imre Hermann. ' The use of the expression " Active " in the definition of " Masculinity ".' *Internationale Zeitschrift für Psychoanalyse,* 1934, Bd. XX, pp. 261–263.

The equation of ' masculine ' and ' active ' is denied as incapable of proof and incorrect. Both man and woman may be equally active in their sexual behaviour, although in a different manner. The author rejects the assumption that libido exists in two different qualities.

H. A. Thorner.

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Lillian Rotter. ' A Contribution to the Psychology of Female Sexuality.' *Internationale Zeitschrift für Psychoanalyse,* 1934, Bd. XX, S. 367–374.

The author concludes from her clinical experience that certain occurrences in the girl-baby's life play a more important rôle in helping her to switch over from mother to father object-choice than has so far been appreciated. Not infrequently she finds herself attractive to members of the opposite sex and able to produce reactions in them. Thus exploration of a brother's penis may result in its erection. These experiences awaken the phantasy that the penis and the person owning it belong to her because she can do things to them. This helps to detach her from her mother and to launch her on the search to make the penis her own and take it into herself, as she does later in coitus and pregnancy. The success or failure of her early experiments with men and boys exerts a very important influence upon her later development. In adult life the attractive woman who is aware of her power over men and who fulfils her sexual-reproductive rôles is seldom ' castrated ' or burdened with feelings of inferiority.

M. Brierley.

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Childhood

Liselotte Gerö. ' Psychoanalytische Gespräche mit einem kleinen Kind.' *Zeitschrift für psychoanalytische Pädagogik,* 1934, Jahrg VIII, S. 96–108.

Suggestive therapy on a psycho-analytic basis without interpretations was employed with a boy aged two years nine months who suffered from anxiety. In the treatment he was encouraged to express his emotions and conflicts in play and action and reassurance was given by the mother and the psychotherapist.

Melitta Schmideberg.

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S. Lindner. ' Das Saugen an den Fingern, Lippen etc. bei den Kindern (Ludeln).' *Zeitschrift für psychoanalytische Pädagogik,* 1934, Jahrg. VIII, S. 117–138.

A reprint of Lindner's paper, published in 1879, which Freud quoted in the Three Contributions to the Theory of Sex.

Melitta Schmideberg.

Katharine Moore. 'A Specialized Method in the Treatment of Parents in a Child Guidance Clinic.' *The Psychoanalytic Review*, 1934, Vol. XXI, No. 4, pp. 415–424.

Intensive study of the problem child involves study of the parent and sometimes results in the parent spontaneously seeking help for her own problems. The interviews then become concentrated on the parent instead of the child and the progress of the case in the hands of the social worker is carefully supervised by the physician.

Lucile Dooley.

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Hans Zulliger. 'Versager in der Erziehung.' *Zeitschrift für psychoanalytische Pädagogik*, 1935, Jahrg. IX, H. 2, pp. 81–98.

Zulliger first shows that it is often not possible to remedy difficulties in upbringing without uncovering the unconscious conflicts ultimately responsible for them. He then goes on to consider how and why such difficulties have increased under modern living conditions.

H. Mayor.

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Editha Sterba. 'Verbot und Aufforderung.' *Zeitschrift für psychoanalytische Pädagogik*, 1934, Jahrg. VIII, No. 11/12, pp. 399–402.

A child of twenty months reacted to prohibitions by trying to induce the forbidding authority himself to transgress the prohibition. The view is maintained that the child stood half-way between two stages of development, one characterized by a pure pleasure-ego and the other by the internalization of commands proceeding from the external world.

H. Mayor.

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R. Sterba. 'Eine Kinderbeobachtung.' *Zeitschrift für psychoanalytische Pädagogik*, 1934, Jahrg., VIII, No. 11/12, pp. 397–398.

If we wish to understand children, we must know something of their instinctual tendencies and the disguises in which these come to expression. The author illustrates this proposition by reference to a remark made by a girl of four, a charmingly innocent remark to all appearances, but appearances once again proved deceptive.

H. Mayor.

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Bertha Bornstein. 'Enuresis und Kleptomanie als passagères Symptom.' *Zeitschrift für psychoanalytische Pädagogik*, 1934, Jahrg. VIII, No. 5/8, pp. 229–237.

In a girl of five, temporary enuresis was replaced by a phase of stealing, the driving force in each case being the wish to be a boy (have a penis).

H. Mayor.

Anny Angel. 'Aus der Analyse einer Bettnässerin.' *Zeitschrift für psychoanalytische Pädagogik*, 1934, Jahrg. VIII, No. 5/8, pp. 216–228.

A typical case-history.

H. Mayor.

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Kata Lévy. 'Vom Bettnässen des Kindes.' *Zeitschrift für psychoanalytische Pädagogik*, 1934, Jahrg. VIII, No. 5/8, pp. 178–195.

The paper gives an account of some of the unconscious factors underlying enuresis and briefly considers various methods of prevention and cure.

H. Mayor.

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Fritz Redl. 'Zum Begriff der "Lernstörung".' *Zeitschrift für psychoanalytische Pädagogik*, 1934, Jahrg. VIII, No. 5/8, pp. 155–177.

The term mentioned in the title of the paper is examined in some detail with a view to arriving at a more exact definition.

H. Mayor.

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Steff Bornstein. 'Eine Technik der Kinderanalyse bei Kindern mit Lernhemmungen.' *Zeitschrift für psychoanalytische Pädagogik*, 1934, Jahrg. VIII, No. 5/8, pp. 141–154.

In a number of cases of children with inhibitions in learning, the author undertook direct work with the child in the field of his special difficulty. This was carried on concurrently with an ordinary analysis. We are told that the child should be induced to wrestle with his inhibition. The analyst has to render such assistance in this contest as may be appropriate to the needs of the individual child. An analogy is drawn between this separate treatment of an ego inhibited in its functions and ordinary medical treatment of organic disease accompanying analytical treatment of it. The relation between the ordinary analytical work and the special treatment of the inhibition would, however, appear to be closer than this analogy implies. On the one hand, the latter gives an impetus to the former, to some extent makes it possible; and on the other, the interpretative work of analysis often remains without effect until it has been reinforced by an actual experience in the auxiliary treatment.

H. Mayor.

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Applied

J. P. Porto-Carrero. 'Psicanálise do Crime Passional.' *Arquivos de Medicina Legal e Identificação*. Rio de Janeiro, 1934, Ano IV, No. 9, pp. 165–174.

The author attempts a classification of the more usual types of crimes of passion in accordance with the degree of participation of the super-ego

in the criminal act. An ætiological factor common to them all, however, are the feelings of inferiority which arise in the ego in consequence of (1) the censorship exercised by the individual's super-ego or (2) by the collective super-ego or (3) direct interference by the environment. All this results in a state of tension and anxiety, a situation in which the ego seeks to compensate the injury to its narcissism. Libidinal energy accumulates in the ego, and the exaltation of the ego which ensues may have the result that aggression is directed outwards against the agents responsible for the prohibition, or against the rival or love object, or even attacks the subject's ego itself. Crimes of passion revolve around narcissism, and aim at rehabilitating the ego in the eyes of the super-ego, individual or collective. It is not surprising to discover in them a certain parallelism with the narcissistic psychoses : paranoia, mania and melancholia.

H. Mayor.

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Edward Glover, Morris Ginsberg and John Rickman : 'A Symposium on the Psychology of Peace and War.' *British Journal of Medical Psychology*, 1934, Vol. XIV, Part 3, pp. 274–293.

Dr. Glover : War is a disease, a functional abnormality, or better, an inexpedient form of instinct adaptation to be diagnosed and treated on psycho-analytic lines. Crises leading to mental illness are due either to inefficiency or to *excessive function* of the unconscious defensive mechanisms developed by the mind in its early struggles with primitive destructive and sexual instincts. Of these mechanisms none are more dramatic than projection and introjection, which are typical of the paranoid and melancholic psychoses of adult life and correspond with homicidal and suicidal systems respectively. Thus war illustrates the operation of projection, while in pacifism, introjection has on the whole prevailed. In the general public, who are neither militarist nor pacifist, projection and introjection have established a rough balance, which however has three drawbacks : it will not withstand a crisis, and it prevents the man in the street realizing that the external problem of war is urgent, or that it is identical with his own internal problem. The man in the street is too peaceful to be a pacifist ; the pacifist in his urgent need to arrive at conclusions and results is too militant to be effective ; and the militarist is too desperately in need of inner peace to forego war.

Professor Ginsberg : According to August Compte, there are three stages of social development in the theoretical realm which correspond with three stages in the practical realm ; the theological, metaphysical and positivist stages being correlated respectively with aggressive militarism, defensive militarism and peaceful industrialism. Herbert Spencer, on the other hand, distinguished two types of society : a militant type based on coercion, and an industrial type characterized by voluntary co-opera-

tion. Society, in his opinion, was becoming more industrial and less militant. Both philosophers were blind to the rise of industrial imperialism. Both illustrate the defects common to the comparative method in sociology. They choose their data in accordance with their preconceptions, and pass too readily from empirical sequences to laws.

Psycho-analytic theories have the immense advantage of being based on concrete data. But there seems to be some ambiguity in the opposition between endopsychic and environmental factors. Are the endopsychic factors innately determined? Or are they partly determined by early environment? If so, the form taken by aggressive impulses within the family, which is used to explain aggression within the larger whole of society, may be itself influenced by variations in the social setting. And in general, without sociological studies (of early and later environmental factors) we cannot say why the aggression expresses itself now in war, now in other forms of violence.

Dr. Rickman opening the discussion: The factors of heredity and environment approach each other most closely in the period (before five) when the child is building up a critic, judge or friend within himself. If, in the formative years, the primitive impulses are predominantly destructive, this mentor will be harsh and the individual's mental life will be unstable and he will be prone to war; if the primitive impulses are predominantly friendly, the mentor will be kindly and the individual's mental life will be stable and he will live at peace. Now the child exists chiefly in a world of his own emotions and will regard frustrations as harsh, though in fact they are neutral or benevolent, if his destructive impulses are at the time pressing strongly for action. It is therefore most unlikely that a deliberate change in the policy of nursery discipline will affect the incidence of war.

A prerequisite of the state of peace in the individual is the capacity to bestow affection on unidealized objects and to accept the fact of there being destructive impulses in himself and in others.

It is questionable whether the total abolition of war, or other forms of aggression, is really desirable for man as we find him to-day. How far do the ambivalent emotions of citizens towards their state require the split into hated foreigners and beloved fatherland for the full working of their social instincts? If they were told that there would be no more war, many of them might lose their patriotism, which, however inadequate, may be all they are capable of.

Then there is another problem: A 'change of illness' may be in progress, more cyclical and less chronic in one phase. Man may be becoming less war-like; but not less 'war-prone'.

Roger Money-Kyrle.

Harald Prytz. 'Forbrydelse og Psychoanalyse.' *Nordisk Tidsskrift for Strafferet*, 1934, H. I, pp. 1–44.

The case of a middle-aged woman who had been repeatedly sentenced on account of her innumerable thefts, her first crime being committed at the age of fifteen. The patient acted under an overwhelming compulsion. The thefts were practically all carried out in exactly the same way in accordance with an elaborate technique (as appeared later); they were preceded by feelings of depression, accompanied by orgasm, and succeeded by a sense of relief. The author, whose duty it was on more than one occasion to take charge of the case in his professional capacity as 'Politi-advokat', became more and more convinced that psycho-analytical treatment was indicated. Recollecting that Dr. Naesgaard had lectured and written on Freud's work, he referred this 'criminal' to him (May 1928).

The greater part of the paper consists of a report drawn up by Dr. Naesgaard after some ten months of treatment for the benefit of the authorities, with the object of inducing them not to punish the patient for further thefts committed while the treatment was suspended during the holiday period. It achieved its aim. Dr. Naesgaard expressed the view that a complete cure would be a matter of months and in fact the patient's career of crime appears to have been ended once and for all. The treatment was successful in other respects too.

The report is in the form of a case-history. It cannot in any sense claim to contribute anything new to the psychological analysis of crime But one can hardly imagine a case more likely to impress the magistracies of the remaining civilized communities with the possibilities of psychological treatment and the futility of punishment.

H. Mayor.

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Heinrich Meng. 'Zur Psychologie der Strafe und des Strafens.' *Zeitschrift für psychoanalytische Pädagogik*, 1934, Jahrg. VIII, No. 5/8, pp. 262–270.

A chapter from the author's book *Strafen und Erziehen* containing general remarks on the subject of punishment in relation to the mental development of the child.

H. Mayor.

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Edward Glover. 'The Application of Psycho-Analytic Principles in Psychiatry.' *Proceedings of the Royal Society of Medicine*, 1935, Vol. XXVIII (Section of Psychiatry, pp. 13–22).

Psychiatrists are inclined to follow the lead of their medical colleagues in regarding psycho-analysis mainly as a method of psychological treatment. The fact is thus obscured that the main contributions of psycho-analysis to science are in terms of the structure and function of mind. Of

most importance to psychiatrists are the fundamental conceptions of a mental apparatus, of its differentiated parts, of mental mechanisms, and of the developmental order of these parts and mechanisms. The view is maintained that systematic application of these genetic views to the field of psychiatry (which has as yet been explored mainly from the descriptive point of view) would not only illuminate many obscure problems of mental origins, but lead to a more orderly and comprehensible arrangement of psychiatric (clinical) entities.

Co-operation between the sciences of psycho-analysis and psychiatry is essential, but cannot be achieved without pooling the methods of investigation. Too much time and energy are spent in fighting old battles regarding the validity of methods of analytical approach. This is particularly true of quarrels regarding the interpretation of material. Unless the psychiatrist exercises the right of interpretation (which has been won for him by the psycho-analyst) descriptive methods of approach will soon lose whatever research value they have attained. The atmosphere of distrust existing between the sciences is due in part to unresolved conflict over the claims of ' conscious ' and ' unconscious ' psychology respectively, and in part to unresolved doubt regarding the relations of body and mind. These more fundamental forms of distrust show themselves most readily in the therapeutic field and tend to hinder the progress both of psychiatry and of psycho-analysis.

Author's Abstract.

BOOK REVIEWS

Emotions and Bodily Changes. By H. Flanders Dunbar. (Published for the Josiah Macy, Jr., Foundation by Columbia University Press, New York, 1935. (Humphrey Milford, Oxford University Press.) Pp. 595. Price 25*s.* net.)

This book is a remarkable achievement and is one of the few that can be quoted in support of specially subsidized research. The author's object has been to present a survey of the literature between the years 1910 and 1933 on ' Psychosomatic Interrelationships ', i.e. in simple English, ' Emotions and Bodily Changes '. Part I, entitled ' Orientation and Methodology ' is devoted to three problems: that of ' Integration and Differentiation ' of ' Acute and Chronic Illness ' and of ' Measurement '. Part II, in twelve chapters, deals with the various organ-systems, one chapter being devoted to ' General Metabolism and Heat Regulation '. Part III deals with ' Therapeutic Considerations ' and has a ' Conclusion '. The bibliography, extending to 130 pages, contains 2251 references which are classified according to the respective chapter to which they relate. The general index of names and subject matter occupies 35 pages.

This extensive survey appears to have been carried out very conscientiously and the data is summarized in a very clear and readable fashion. The author deliberately does not devote a section to Psycho-Analysis, disclaiming the capacity to present a highly technical subject in a general fashion. Nevertheless, the analytical literature is taken fully into account throughout the whole book and the findings and conclusions there recorded are presented in an unusually intelligent way. The book should undoubtedly be on the shelves of every psychiatrist or medical psychologist.

E. J.

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Principles of Gestalt Psychology. By K. Koffka. Int. Library of Psychology, Philosophy and Scientific Method. (Harcourt, Brace & Co., New York, 1935. Pp. xi + 720.)

Koffka's book is a very complete report about the achievements of Gestalt psychology. It not only reviews the literature of this field completely but discusses it and adds considerable new material.

The experimental work of Gestalt psychology deals extensively with the problem of perception. The general point of view appears in the following sentences: ' We have eliminated a whole network of hypothesis, the constancy hypothesis, the hypothesis of non-noticed but effective sensations, the interpretation and the assimilation hypothesis, and we have shown up the experience error.' ' It has become apparent that the

true solution without being in the least vitalistic, cannot be a machine theory based on a sum of independent sensory processes but must be a thoroughly dynamic theory in which the processes organize themselves under the prevailing dynamic and constraining conditions.' Special attention is given to visual organization and its laws. Primitive perception is considered as tri-dimensional. A surface is considered as the product of strong forces of organization. Organization of space is not purely visual. The different factors for the organization in space are proximity, equality, and Prägnanz. Our behaviour environment is orderly in spite of the bewildering spatial and temporary complexity of stimulation. Good continuation and good shape are powerful organizing factors, and both are in the true sense understandable. According to traditional psychology, the articulation of a field into things or into figures and ground, appears as a clear example of experience or learning. K. considers this articulation as the direct result of the stimulus distribution, i.e. that spontaneous organization is aroused by the stimulus mosaic. Internal articulation, good continuation and good shape, will determine what becomes foreground, what becomes figure and what becomes ground in a given perceptual field.

' The things which we see have a better shape, are bounded by better contours than the holes which we might see but do not.' ' Therefore, under exceptional circumstances the conditions are reversed. We see the hole and not the things as the shape of a gap between two projecting rocks with sharp profiles which may look like a face, an animal or some other objects while the shape of the rock disappears.' Perceived form is much closer to the real than to the retinal one, and this fact is expressed by psychologists in the statement that shape, size and colour show the phenomenon of relative constancy, i.e. the different percepts produced by one in the same distance stimulus will vary much less than the corresponding proximate stimuli and will stay closer to the percept produced under the new condition of stimulation just discussed. According to K. shape is in non-normal orientation the product of organization in a field of stress. ' The stimulus pattern introduces new forces which will combine with the forces of orientation responsible for the stress in the field and the final organization will be that in which all these forces are best balanced.' The response to a change of stimulation may be such that things retain their properties as much as possible. In the field of motion, such fusions of processes and such paths are preferred as keep the things as intact as conditions permit. Constancy of shape and size is coupled with motility, either of the things or of the observer. Motion is only possible because in the change of retinal patterns constant perceptual things are produced. ' As things, phenomenal objects have definite properties. Apart from their resistance to distortion we have encountered

their impenetrability and their inertia, according to which bigger objects move more slowly than smaller ones. This correspondence between phenomenal and real things is . . . not primarily a matter of experience—although we do not deny that experience may influence these properties—but the direct result of organization.'

An enduring Ego system exists. In all changes of the behavioral field, the Ego system remains as a segregated part. The Ego in itself is fundamentally temporal, it is not a time independent state. It is always going somewhere and the stability of the Ego must, therefore, always be seen in relation to the direction in which it is moving. Fields with no Ego organizations exist. The Ego determines fundamental space aspects. It determines the 'in front', 'behind', 'left and right'. Action is a process by which stresses existing in a total field are removed. 'An action may mean a stress in an Ego system which at the moment was isolated from the rest of the Ego and in full command of the executive.' 'The executive comprises all the ways in which action can relieve stresses or contribute to such a relief.' 'The problem of behaviour resolves itself into the problem of the changes of the great Ego-field Gestalt, the changes which the relation between its sub-systems undergo.' Boundaries between Ego and environment develop. The Ego-object relation is not primarily a cognative one. Present performances depend upon earlier ones. There is an all pervasive influence of experience. Attitude and attention are actual forces that participate in the total dynamic situation. Attitudes have a measurable effect. Emotional behaviour is due to the dynamics of intra-Ego forces. Conscious emotion is the manifest aspect of these dynamics. Anger and saturation are instances of emotions which can be produced experimentally.

Memory is based upon a system of traces which is organized and derives not only unit formation but also the specific dynamic character of temporal units from the trace field. The good continuation is not due to the movement but to the field which favours certain motions rather than others. There are traces localized in the brain and traces deposited in practically the whole cortex. Traces undergo changes. Lines may become more curved, longer or shorter, according to the nature of the pattern gradually. The trace retains the dynamic pattern of the original excitation and the changes which occur in it will be such as to reduce the internal stresses. The changes in the patterns are normalizing, emphasizing or pointing, or autonomous changes. The reproduction approaches familiar forms. A particular feature of the pattern may become more and more exaggerated. Traces are organized in schemata, the Ego being one of them. Schema refers to an active organization of past reaction. Ego and environment trace systems are dynamically interdependent. Disappearance of a trace means forgetting. It may be so transformed that

it loses it individuality and even its identity. Traces may become unavailable. The process may fail to communicate with an otherwise available trace. Every process is in some respect a learning process. It leaves traces, which may lead to an improvement in action. ' The accomplishments of learning as a modification of behaviour can be analysed on its process side into three different constituents. 1. The arousal of the specific (the correct process). 2. The trace of this process. 3. The effect of this trace on later processes.' ' Learning as the modification of an accomplishment in a certain direction consists in creating trace system of a particular kind in consolidating them and in making them more and more available both in repeated and new situations.' Also rote learning is a process of organization. The stability of a trace is a function of its dynamic structure. Contiguity plays a part in reproduction to the degree to which it has unified the contiguous parts. Couplings created by habit (association) never supply as such the motor of a mental event. Mental systems under stress are the necessary conditions of mental events. Energies capable of doing work must be set free. Recognition is a communication with a part of the trace system which brings into play other parts of the system that do not include the Ego. In reproduction, parts of the system are brought into play which belong to the Ego. A communication between process and trace does not only take place on the basis of similarity but also on the attitude of the Ego. K. believes that communication between process and trace are only possible merely on the basis of dynamic relation within the shaft of the trace column. The problem of the arousal of a new process (thinking) is not in all cases a problem of traces. The stress set up by a question or a need may lead to movements which decrease the tensions, or to thinking which leads to such movements. The dynamics of the process are determined by the intrinsic qualities of the data. Behaviour is a continuous sequence of organizations and re-organizations. The Ego is incomplete. It depends for the satisfaction of its needs on the actions of others and the first intimate relationship in a person's life is to those who administer to his needs. Social behaviour is the result of these organizations of a special kind. Personality is a Gestalt with interdependence between its various manifestations which excludes a great number of combination of traits. A Gestalt is a product of organization. Organization is a process which leads to a Gestalt.

I have tried, mostly in the words of the author, to make the psychoanalytic reader acquainted with the principal problems of Gestalt psychology. Its merits are undeniable, especially concerning a better understanding of the organization of perception. It is indeed an important step to have broken with the idea that perception and action are a sum or mosaic of sensations and reflexes. Gestalt psychology leads nearer to

the real objects, colour and form, as especially the discussion on the constancy shows.

The laws of organization in the visual field, as the law of ' Prägnanz ' and proximity, the formulations concerning a good Gestalt and a bad Gestalt, a discussion of the tendency to closure, mark an important progress in general psychology. The psycho-analytic reader may ask what the term ' organization ' means which is so frequently used in this discussion. He is also inclined to ask what ' stress ' means and is astonished not to find any answer to this question. Analytically we suppose, of course, that the libidinal situation is meant when the Gestalt psychologist speaks about ' organization ' in the visual field and stresses. The analyst would be particularly inclined to see one of the merits of gestalt psychology in the hint that the organization of the visual field reflects in some way the organization of libidinal problems. However, the Gestalt psychologist would refuse such an interpretation and would insist on the formal character of the laws described and even prefer to go into the opposite direction by trying to explain the actual situations in human life in terms of the formal characteristics. From an analytic point of view we have long known that association is not merely due to coincidence and contiguity but is based upon drives and forces. Only the psycho-analyst is not content with such a statement but insists on learning more about the actual human situation in which these drives occur. Organization and stress mean, then, libidinal problems and actual life situations. It is true that the analyst forgets too easily that libidinal drives are based upon specific structures and that there is an outside world with definite characteristics. There are definite structures and there is an inner coherence in this outside world. Gestalt psychology may help the analyst to a deeper understanding of this problem. Gestalt psychology only reluctantly acknowledges experience. It is correct to deny the influence of experience if experience is merely counted as mechanical repetition. Psycho-analysis has shown in detail much more than Gestalt psychology does that experience means organization. This organization is not merely guided by the general biological qualities of human beings but by their individual instincts and drives. Organization is also in this respect an interplay of human desires in close relation to the reality. Psycho-analysts will be interested to see that principles which they have derived from a study of actual life situations are also of importance in the perceptual sphere and in the more formal atmosphere of the laboratory. They will probably insist on the superiority of their method, and will not believe that the formal laws of Gestalt psychology give the final interpretation of the problems but will believe that the formal laws can better be understood by the study of the individual human situations from the instinctual point of view. Koffka's discussion concerning will and emotion is rather disappointing. The

formalism of Gestalt psychology shows here its greatest difficulties. It is commendable that Koffka acknowledges an Ego which corresponds in many respects to the body image in my nomenclature but he has not seen the libidinal problems of this concept. It is very probable that Koffka's discussion of memory problems and problems of recall would have gained considerably had he made use of the large factual material collected by psycho-analysis. But the intention of his book is not so much to give a general survey of psychological problems as to present the experimental material and the point of view of Gestalt psychology. He has succeeded well. Psycho-analysts are urged to study this book carefully, since it will help them to come to a clearer formulation concerning fundamental psycho-analytic problems.

Paul Schilder.

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The Subnormal Mind. By Cyril Burt. (The Oxford University Press, London, 1935. Pp. 368. Price 10*s.* 6*d.*)

Professor Burt has elaborated into an excellent text-book the lectures he gave at the London School of Hygiene in 1933 as the third series under the Heath Clark Bequest to the University of London. In the first half of the book he deals with defective mental development and in the second with delinquency and neurosis both of which he brings into his concept of subnormality. After a detailed introduction in which the modern methods of measuring intellectual and temperamental characteristics are described he describes the development of the present attitude of more adequate ascertainment and care of the mentally deficient. The evidence for a definite increase in mental deficiency in England during the present century is presented in detail and considerable work on inheritance is critically reviewed. Professor Burt concludes that although many of the conclusions concerning inheritance which have been published appear faulty after detailed analysis much is to be expected from further more accurate work. Backwardness without deficiency is seven times as common as deficiency and both are about twice as common in rural as in urban districts. Poverty, inadequate sleep, irregular school attendance, faulty promotion on the one hand and subnormal intelligence, specific disabilities such as reading difficulty in younger boys and arithmetical difficulties in older girls, memory defects and to a slight extent physical disorders on the other hand promote backwardness. In addition to the special schools already functioning Professor Burt suggests that a classification into three parallel series of school grades for the subnormal, the average and the advanced is now worthy of trial.

Among delinquents Professor Burt considers that inheritance determines sexual and aggressive offences to a marked degree. Poverty, lack of parental discipline, parental disharmony, lack of facilities for filling

leisure time, physical under-development and under-size are important factors contributing to delinquency. In contrast to the results of work in America defect appears to be of little importance as a factor in delinquency in England but the lesser degrees of mental subnormality are of definite importance. He stresses guidance combined with the development of steady friendships in treatment and mentions the difficulties presented in overcoming conscious ambivalent attitudes to important environmental figures.

In the introduction to the part of the book dealing with the neuroses Professor Burt separates ' mental disorder ', or psychoses or illnesses of certifiable severity from neuroses, or disorders of part of the mind or ' nervous ' disorders. The arguments brought forward to uphold division along such lines are less convincing than those elsewhere in the book. It may be more than possible that attempts to separate the neuroses too rigidly from the psychoses has much to do with the fact that the earlier and milder stages of manic-depressive and schizophrenic disorders are as yet so poorly described and so frequently unrecognized by those who in more or less routine work must be seeing them frequently. Psycho-analytic psycho-pathology is well presented both in general and in connection with case histories. The neuroses are divided into an asthenic and a sthenic group. Neurasthenia, anxiety neurosis and anxiety hysteria constitute the former group and anger neurosis, compulsive-obsessional reactions and conversion hysteria constitute the latter. The treatment of neurasthenic reactions advised is, in brief, rest; that of anger and anxiety neuroses is along child guidance lines; and that of compulsive and obsessional reactions and anxiety and conversion hysteria along analytic lines. The compulsive disorders are more frequent in males and in the sub- and super-normal range of intellect. Conversion reactions are more frequent in females in the subnormal range of intellect and rarely occur before puberty. In connection with his discussion of adequate psychotherapy Professor Burt makes a plea for lay psycho-analysts working under psychiatric guidance.

In a short appendix a few educational tests and Terman's intelligence tests are summarized and Woodworth's questionnaire of neurotic traits is included.

On page 287, line 6, the word ' other ' is inserted in error giving the impression that obsessional reactions are one type of hysteria.

W. Clifford M. Scott.

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Imagination in Early Childhood. By Ruth Griffiths. (With a Preface by J. C. Flugel.) (Kegan Paul, Trench Trubner & Co., London., 1935. Pp. 384. Price 12*s.* 6*d.*)

Dr. Griffiths has studied the imaginative reactions of fifty five-year-old

children, thirty of whom were drawn from a London elementary school, and twenty from a school in Brisbane. The conditions of experiment were as follows: Each child came singly for the interview, while Dr. Griffiths sat writing notes of her observations. The child talked until conversation flagged, then he was asked to draw something, to describe what he had drawn, to tell a story, to recount a dream and to comment on three different ink blots. Twenty interviews of about forty minutes' duration were given to each child, the observer made no interpretation and throughout the experiment she sought to maintain a passive attitude.

The wide range of fantasy which she elicited by this technique is set down with admirable clearness, and the value of the record is enhanced because it is presented without interpretation (Chapters III.–VI.). The reader is thus allowed to appreciate the nature of the child's world and manner of thinking without having his intellect stimulated and his prejudices aroused by the vexed question: 'What do these fantasies mean?'

In the second part of her book Dr. Griffiths weighs her fantastic material carefully and comes to temperate conclusions. She lays stress on the interrelation of fantasy and environment, pointing out how a free environment enriches the content of thought, and she values the child's experiments in fantasy as an essential means of solving all emotional problems.

Incidentally she records several interesting series of stories which were told by the children on consecutive days, each fantasy being an attempt to deal in a different way with a single anxiety situation (viz. Dick's series of fantasies on acquiring desired objects, Hilda's on the repair of damaged objects, p. 178). Believing in the benefits of a free expression of fantasy without accompanying interpretation, Dr. Griffiths gives practical and well considered advice in her chapter on 'Phantasy and Education'.

It is difficult to estimate the position Dr. Griffiths holds with regard to current psycho-analytical opinion. Much of it she accepts, some of it she misinterprets (appearing to think that she is alone in appreciating the connection between fantasy and intellectual growth, p. 353), and some she ignores. Thus she neglects the work done recently by Mrs. Klein and others on specific aggressive fantasies, such as the attack on the mother's body; on this account Dr. Griffiths' study of aggressive fantasy and of symbolism is impoverished—for instance fantasies of the mother's womb and breast are supposed to have an exclusively peaceful content (pp. 302, 303). Dr. Griffiths is not familiar with the process of child analysis and says it is applicable only to intelligent children of over five years of age. Her lack of comprehension in these important respects is specially to be regretted, because her book is likely to be of permanent value on account of the excellent records of fantasy which it contains.

Merell Middlemore.

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The Case for Sterilization. By Leon F. Whitney. Edited by Norman Haire. (John Lane, The Bodley Head, London. Pp. xi + 215. Price 8*s.* 6*d.* net).

The author describes himself as an enthusiast for sterilization; especially, it would seem, for the sterilization of people he dislikes and doesn't understand—sexual perverts and the emotionally unstable. Apparently the victims should not regard it as a form of punishment but rather as a eugenic measure—that is for racial improvement. It would seem rather uneugenic to deprive the race of the offspring of people with such a developed social conscience. But one cannot expect these pseudo-scientific enthusiasts to be logical, scientific or merely human. We, of course, encounter the Jukes and the Kallikatts again, but the author is not aware of the criticism of the records of the Kallikatts which deprives them of all scientific value. The wilder flights of Mr. Whitney's enthusiasm have frequently to be curbed by the editor. Hitler's order for wholesale sterilization receives Mr. Whitney's approval ' because it has served to bring dramatically to public attention a movement that I have long been interested in '; the editor, however, now agrees with Havelock Ellis and others (like the reviewer) ' that such legislation might be misused by some political party '. The editor correctly points out that scientists are no more to be trusted to remain fair and impartial under political enthusiasms than anybody else.

The work is superficial, shows an unusual ignorance of biological and psychological facts and principles which, despite the editor's correction of its many glaring errors, remains a book unworthy of serious consideration.

M. D. Eder.

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En Psykoanalytisk Kvinnostudie : Ernst Ahlgren-Victoria Benedictsson. By Tora Sandström. (Albert Bonnies Förlag, Stockholm, 1935. Pp. 209. Price not indicated.)

This book contains an interesting study of the Swedish authoress, Ernst Ahlgren. Born in 1850, of a stern religious mother, who inculcated an ideal of extreme self-control, and of a somewhat harsh and selfish father, her early years were singularly loveless. Furthermore, the fact that her only brother died shortly before her birth led to her being treated in many respects as though she were a boy. These circumstances induced in her a contempt for feminine characteristics and a desire to compensate for the lack of love by (masculine) achievement. Her father having refused her permission to pursue a course of higher study at the Stockholm Academy, she married Christian Benedictsson, a widower with five children, more as a means of escape from home than out of love for her husband. She had two children of her own, but motherhood was to her only a humiliation and a trauma to her narcissism, and she behaved with far less kindness

or justice towards her own children than towards her step-children. Throughout her life she complained that she never ranked first in anyone's affection or estimation; but her resentment at the lack of love received seems to have been in part turned against herself and to have manifested itself as an obsessive guilt because she was incapable of loving anyone fully or unreservedly. Only complete love seemed to her of any value; minor degrees of affection or affection that was shared with others therefore appeared worthless. These attitudes are studied in detail in her life and works. In 1886 she met Georg Brandes and, in spite of her own sexual repressions, she in all probability became his mistress, here again, however, not so much from love as with the hope of increasing her influence in literary circles. Following on the discovery that Brandes, as she thought, appreciated her only as one among the many women who entered into his life and had no outstanding regard for her as a creative artist, she committed suicide in 1888.

J. C. Flugel.

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Art and Morality. By O. de Selincourt. (Methuen & Co. Ltd., London, 1935. Pp. 284. Price 10*s*. 6*d*. net.)

This is a closely reasoned argument—so closely that most of the sentences contain the words 'in a previous chapter' or 'in a succeeding chapter'. The author seeks to establish the idea of what he calls primary 'goods', an idea which strongly reminds one of Melanie Klein's 'good things' and 'good objects'. He takes the view that neither morality nor art belongs to this primary category. Discussing the familiar triad of truth, beauty and goodness he suggests replacing the last of these by the conception of friendly personal relationships, one of considerable interest to any psycho-analyst. Although his whole theme cries out for the co-operation of psycho-analysis, he does not mention analysis or Freud.

E. J.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
EDWARD GLOVER, GENERAL SECRETARY

I. Four-Countries Conference

At Whitsuntide, June 8–10, 1935, a Joint Conference was held in Vienna for members of the Hungarian, Vienna and the Italian Psycho-Analytical Societies and the Czecho-Slovakian Study Group.

The two last do not belong to the International Psycho-Analytical Association, but the Czecho-Slovakian Group is affiliated to the Vienna Society as a Study Group. The Italian Psycho-Analytical Society is an entirely independent organization, though four of its members belong to the Vienna Society and more than one of these has so belonged for more than ten years. The Conference was open not only to the members of the four Societies which convened it but to all members of the Branch Societies of the I.P.A. and to any guests introduced by the Presidents.

The programme was as follows :

Saturday, June 8, 1935 :

8 p.m. Reception.

9.15 p.m. *Business Meeting* (for members of the Branch Societies of the I.P.A. only). Subject for discussion : ' Training-Analysis and Control-Analyses '. The Chair was taken by Dr. Paul Federn.

Dr. Paul Federn welcomed the members of the Congress. A telegram of greeting from the President of the I.P.A., Dr. Ernest Jones, was read and also a letter from Dr. Helene Deutsch, in which she regretted her inability to be present an account of ill-health and wished success to the Conference.

Dr. Imre Hermann then opened the discussion with a paper which embodied the views of some of the training analysts in the Hungarian Society on the subject of training. Anna Freud then read Dr. Helene Deutsch's paper on the principles and practice of the Vienna Society in that connection. A very lively discussion followed.

Sunday, June 9, 1935 :

9 a.m. *First Scientific Symposium.* Dr. István Hollós took the Chair. Subject for discussion : ' The Death-Instinct and Masochism '.

Dr. Federn announced that the Conference Committee had sent telegrams of greeting to Prof. Freud, Dr. Jones and Dr. Eitingon and a telegram of thanks to the Economic Union of Viennese Physicians, in whose premises the Conference took place.

Dr. Edoardo Weiss read the introductory paper. *Synopsis :* Inade-

quacy of the theoretical basis for the assumption of the death-instinct. Phenomena which suggest its existence: the operation of non-libidinal energy with the function of destruction (aggression); its utilization for defence and preservation of the ego (extraversion, ego-functions). Part played by this '*energie-mortido*' (Federn) or '*destrudo*' (Weiss) in engendering anxiety (both real and neurotic) and in causing psychic traumas; the *destrudo* as the true cause of repression (protection of the ego).

Postulate of the death-instinct and validity of the pleasure-pain principle. Re-consideration of the economic concept of pleasure and pain-sensations in general.

Definition of sadism and masochism in terms of libido and *destrudo* and the relation of these to the pleasure-principle. Masochism presupposes the existence of destructive instinctual energy (*destrudo*), but such energy must not be regarded as necessarily implying a 'death-instinct', probable though such an interpretation may be.

Statement of the writer's attitude to Radó's theory of anxiety.

The discussion was opened by Dr. Imre Hermann.

Synopsis: (1) Various aspects of the problem. (2) Ferenczi's ideas about the impulse to recovery. (3) Impulse to self-mutilation: its interpretation. The urge to cling to others regarded as a component instinct of the libido; the conflict of separation. (4) A critical consideration of the instinct of destruction. A vortical theory of the instincts. (5) Pain and orgasm in the light of this theory.

Discussion.

3.30 p.m. *Second Scientific Symposium.* Dr. Edoardo Weiss took the Chair. Subject for discussion: 'Psychic Traumas and the Handling of the Transference'.

The opening paper was read by Dr. Richard Sterba (no synopsis issued). Dr. Alice Bálint followed: *Synopsis:* Part played by the analyst's personality in the handling of the transference.

The character of the analyst is an integral factor in the analytic situation and, with the best will in the world, it cannot be eliminated. It may prove a source of disturbances in the transference-situation and these can be rendered innocuous only by devoting to them a larger amount of attention.

When this attitude is adopted towards the patient, we often find that what was supposed to be projection on his part is really empathy with the analyst. Here, however, the patient's extraordinarily enhanced sensibility in relation to the analyst signifies the revival of an infantile capacity for empathy.

When the nature of the analytic situation is thus recognized, its solution demands, above all, such active procedure on the analyst's part as is implied in the phrase: 'The handling of the transference'.

Discussion.

Monday, June 10, 1935 :

9 a.m. *Third Scientific Symposium.* Francis Deri took the Chair. Subject for discussion : ' Problems of Ego-Psychology '. The opening paper was read by Dr. Robert Wälder.

Synopsis : Survey of our present knowledge of ego-psychology and its problems.

The rejection of psycho-analysis by the world at large was and still is based on the rejection of id-psychology. This is true also of the systems of those who first fell away from Freud's teaching. At the present time the differences of opinion which exist within the ranks of the adherents of psycho-analysis are largely due to the fact that, by many, analytic ego-psychology has not been assimilated or else to different conceptions in the sphere of that psychology.

Examples of problems of ego-psychology : (1) the character, systematic organization and position in time of the various modes of defence ; (2) the unconscious nature of defence-mechanisms and how it affects technique ; technique of interpretation of the different modes of defence and its relation to interpretation of wishes ; (3) forms of magic, its bases, its gradual dissection and the mechanisms by which this proceeds ; relation of magic to the ego's faculty of testing the reality of things at a given stage in its development ; (4) development of the faculty of reality-testing and mechanisms by which it is impaired (problem of the psychoses) ; (5) the problem of the strength of the ego, the factors by which it is conditioned and the educational and therapeutic methods by which it may be fostered ; (6) economic problems arising out of the phenomenology of depersonalization : Federn's examination of these.

Inadequacy of every psycho-analytical explanation if the psychology of the ego be excluded.

Pre-analytical and analytical ego-psychology.

The following conclusions are arrived at in a systematic ego-psychology :

The functions of the ego are : (1) contact with the outside world (2) anticipation of the future (thinking, anxiety), (3) the working-out of tasks and conflicts. Methods of dealing with these : the ego is confronted by tasks imposed upon it from without (by the id, the outside world and the super-ego), and (4) by the task—a self-imposed one—of controlling these institutions. It is obliged to discover methods of performing these tasks, but, since they are mutually conflicting, it is not possible to discover equally satisfactory ways of dealing with all four kinds. The various methods (' mechanisms ') are conditioned by the nature of the tasks. Three types of solution : (1) compromise (the satisfaction of now one and now another claim), (2) unification on a higher plane (integration), (3) methods of defence. Defence-mechanisms may be brought into action (1) against the outside world (motor action, rejection or modification of a

sense-perception), (2) against the id (defence against the instinctual forces), (3) against the super-ego and (4) against anxiety.

The freedom and ' strength ' of the ego depend on the extent to which it masters its fourth, self-imposed, task (that of controlling the id, the super-ego and the outside world). Problem of the strength of the ego. Of the higher ego-functions, only those from the id and the super-ego to be termed ' asymptotic '. What constitutes the strength of the ego is a strong objectifying of the subject's own psychic experience (super-ego-components) combined with extreme plasticity of his instinctual life (id-factors).

It has long been recognized (even before an ego-psychology was attempted) that plasticity of the instincts is the basis of health. All the laws of instinctual life operate in the psychology of the ego as it were on a higher plane.

The ego's strength lies in the capacity to respond to reality (adaptation to reality). Problems of the concept of adaptation to reality.

Fundamentally, adaptation to reality signifies adaptation not to the reality of to-day but to that of to-morrow, which is a function of the reality of to-day and of my actions of to-day. With the majority of people this factor is, of course, negligible.

Reality is in part accepted as imposed by necessity and in part renounced.

Pathological phenomena represent faulty attempts at adaptation to reality. Survey of the various theories of the neuroses adopted by different schools of analytic thought; inadequacy of the concept of ' neurosis ' held by non-analytical psychiatrists.

When is it possible to predict, with any degree of probability, human behaviour? Either when the higher ego-levels are eliminated (reduction to the laws of instinctual life and of the primitive ego-mechanisms) or when the ego has sole control of the personality (regulation by objective relations; reduction to the structure of objects).

A strong ego as an educational aim. The rule: ' Frustration should be inflicted only when a compensatory satisfaction is offered ' is a sound one from the point of view of ego-psychology (training in plasticity of the instincts).

The strengthening of the ego through education: reward and punishment are methods which do not require a strong ego; appeal to reason is the method which addresses itself to the ego. We should impose upon children quite as much as, but not more than, their ego is capable of sustaining. The appeal to reason should be pressed to the farthest possible point, having regard to the degree of maturity to which the child's reason has attained. Hence, in our educational methods, we shall make use of the maximum of affection and the maximum claim on reason.

Discussion of the different theories of ego-psychology current in psycho-analytical circles.

After the discussion Federn proposed that a second Conference should be held as soon as possible. This was carried unanimously.

Committee's Report.

II. Reports of Proceedings of Societies

THE AMERICAN PSYCHO-ANALYTIC ASSOCIATION

May 15, 1935. (In joint session with the Section on Psycho-Analysis of the American Psychiatric Association, at Washington, D.C.).

Dr. A. A. Brill, Chairman of the Section on Psycho-Analysis and President of the American Psycho-Analytic Association, presided.

A. A. Brill, M.D.: 'Anticipations and Corroborations of the Freudian Concepts from Non-Analytic Sources'. Although Professor Freud discovered and developed psycho-analysis as a special scientific method, he himself called attention to the fact that a number of his ideas were either anticipated by others or discovered independently of him. This is particularly true of his conceptions of the dream. Many passages and references from the classical and even modern literature have shown a marked resemblance to the Freudian concepts, but the most remarkable thing is that Hippocrates, the Father of Medicine, is actually supposed to have practised psycho-analysis in the same manner as Professor Freud, through analysis of dreams and through the investigation of the individual's past life; and thus cured a royal psycho-neurotic after his opponent failed to cure him through diet and medications. An account of this cure was reported.

Clarence P. Oberndorf, M.D.: 'The Feeling of Unreality'. The feeling of unreality, found in many neuroses and mild depressions, is associated with a conflict between masculine and feminine identifications which are concerned predominantly with intellectual activity. Unreality occurs more frequently in women who have identified 'thinking' as a masculine quality. He described from clinical material a period of unreality occurring in a male during his college years and dependent on mixed identification with parents.

Bernard Glueck, M.D.: 'The Application of Psycho-Analysis to Psychiatric Problems'. In a paper presented several years ago before the Joint Meeting of the American Psycho-Analytic and the American Psychiatric Association, a preliminary report was submitted by Dr. Glueck on the opportunities and limitations in the application of psycho-analytic technique to psychotic patients.

Several years of additional experience have called forth further modifications in this technique and have resulted in a broader conception—and

hence a further elaborated technique which promises a greater opportunity for the utilization of the contributions of psycho-analysis in the field of psychiatry. The paper attempted a detailed statement with illustrated case-material of the evolution and present status of this technique.

Smith Ely Jelliffe, M.D. : ' The Bodily Organs and Psycho-Pathology '. The human organism represents the acme of evolution and the condensation of a billion years of experience with the cosmos. It is bound in time with all the past, and those patterns of behaviour, internal as well as external, which have had survival value have become almost as fixed as the stars in their course.

The origins of much organic disease are here interpreted in accordance with the conception that interferences with man's intuitive, instinctive and health-producing patterns have come about through infantile fixations of erotic gratifications. In that degree with which these fixations are of early organic origin, heavily invested with libido, conversions take place which in their reversible and comparatively harmless types are spoken of chiefly as hysterical ; in their more malignant types they constitute certain aspects of organic disease.

These principles were applied to skin disorders, blood tension states, to nephroses, to endocrinopathies, respiratory, gastric, and muscle-tendon conditions.

May 16, 1935. *The Annual Spring Meeting* (the Thirty-fourth Meeting of the American Psycho-Analytic Association).

William V. Silverberg, M.D. : ' Towards a Theory of the Instincts '. Dr. Silverberg introduced the subject by an account of Briffault's treatment of the problem of instincts in ' The Mothers '. He provided a tentative formulation of a theory of the instincts on this basis, and a concept of biological health on the basis of instinctive drives. A critique of the current Freudian theory of the instincts, with especial reference to the question of the validity as an instinct of the so-called *Todestrieb* or death instinct. Following this growth and reproduction were considered as manifestations of instincts, especially among the Protozoa. He evaluated sexuality in relation to the instincts. A brief account was given of the process whereby such an hypothesis as that presented was evolved, together with some of the clinical data forming the background of this hypothesis.

Karen Horney, M.D. : ' Certain Reservations to the Concept of Psychic Bisexuality '. Masculinity wishes in women and femininity wishes in men in psycho-analytical literature are either conceived as a direct expression of inherent psychic bisexuality or as the outcome of psychic conflicts which have somehow arisen on this basis.

The author, without questioning the assumed existence of inherent psychic bisexuality, invited attention to the uncertainty as to scope and precise functioning of these bisexual factors in the personality. Thus one

observes in many instances that characteristics and attitudes of the other sex are assumed as screens for sado-masochistic drives. In these patients, the principal dynamics are not the bisexual wishes but the underlying sado-masochistic processes. It is here that therapeutic efforts should find their focus, for emphasizing the bisexual attitudes endangers the working through of the fundamental sado-masochism.

Fritz Wittels, M.D.: 'A Type of Woman with a Three-fold Love Life'. Dr. Wittels states that women react in three ways against the demands of their sex: (1) denial of it; (2) switch to defiant masculinity; (3) the normal attitude of yielding to it. There are women who live up to all three reaction-formations, occasionally at almost one and the same time and occasionally at different intervals in their lives. This three-fold attitude towards the man and his demands shews a complicated and puzzling picture. From analysis of several cases of this kind illustrations of these observations were provided. It seemed obvious that these women belonged to the hysterical type.

Franz Alexander, M.D., and George W. Wilson, M.D.: 'Quantitative Dream Studies (a Methodological Attempt of a Quantitative Evaluation of Psycho-Analytic Material)'. This is a presentation of a quantitative study made upon the dream material contained in the records of different psycho-analytic treatments. The dreams were classified according to the main dynamic tendencies expressed by them. The relative intensity of these elementary dynamic tendencies was estimated according to the frequency with which these tendencies appear in the patient's dreams. The predominance of oral receptive and aggressive tendencies was found in certain types of gastro-intestinal neuroses; anal and retentive tendencies prevailed in others. These differences, expressed quantitatively by this method, allowed them to work out quantitative relations typical for certain nosological entities.

An attempt also was made to obtain a quantitative picture of the progress of psycho-analytic treatment in individual cases through a quantitative evaluation of the changes in dynamic tendencies expressed in the patient's dreams during the course of the analysis.

The present officers, Dr. A. A. Brill, Permanent President; Dr. William A. White, Vice-President; and Dr. Ernest E. Hadley, Secretary-Treasurer, were continued.

Ernest E. Hadley,
Secretary.

THE BOSTON PSYCHO-ANALYTIC SOCIETY

First and Second Quarters, 1935

February 5, 1935. *Special Memorial Meeting:* on the occasion of the death of Dr. William Herman. A memorial address was given by the President, Dr. Martin W. Peck.

February 24, 1935. *Special Meeting.* Dr. Gregory Zilboorg (New York) : ' Some Side-lights on the Psychology of Murderers '.

March 17, 1935. Dr. John M. Murray, Chairman of the Committee on Institute, presented a report of this committee with the by-laws of the proposed Institute.

Dr. I. H. Coriat was elected to the membership of the Educational Committee, left vacant by Dr. Herman's death.

The creation of the Hanns Sachs Fund in Switzerland to aid the training of prospective candidates and emigré training analysts was reported.

April 23, 1935. *Business Meeting.*

May 27, 1935. *Annual Meeting.* The reports of the Educational Committee, the Treasurer, and the Committee on Institute, were read.

The Committee on the Institute was authorized, through its Chairman, Dr. John M. Murray, to incorporate the Institute under the laws of the State of Massachusetts, and to proceed with the organization of the Institute, which is to be opened in the fall of 1935.

The constitution and by-laws of Boston Psycho-Analytic Society were ratified unanimously.

Election of Officers : President, Dr. Martin W. Peck ; *Vice-President,* Dr. John M. Murray ; *Secretary-Treasurer,* Dr. M. Ralph Kaufman, were re-elected unanimously. Dr. Hanns Sachs and Dr. I. H. Coriat were elected for a three-year term on the Training Committee ; the terms of Dr. John M. Murray and Dr. M. Ralph Kaufman were extended to 1938. *Trustees of the Boston Psycho-Analytic Institute :* Dr. I. H. Coriat, Dr. John M. Murray, Dr. Martin W. Peck, and Dr. M. Ralph Kaufman by virtue of their membership on the Training Committee automatically became trustees of the Institute. Dr. Ives Hendrick, Dr. William Healey, Dr. Henry Murray, Jr., were unanimously elected. Dr. Hanns Sachs was elected Chairman of the Advisory Board of the Institute.

Dr. I. H. Coriat, Dr. Ives Hendrick, Dr. John Murray, Dr. Hanns Sachs, and Dr. M. Ralph Kaufman were accepted, on the recommendation of the Educational Committee, as training analysts for the coming academic year.

M. Ralph Kaufman,
Secretary-Treasurer.

BRITISH PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1935

Scientific Meetings

April 3, 1935. Professor J. C. Flugel : ' The Tannhäuser Motif '.

May 8, 1935. Symposium : ' Psycho-Analysis and Education '. Dr. Edward Glover, Dr. Susan Isaacs, Dr. Melitta Schmideberg. Discussion opened by Miss Barbara Low.

May 21, 1935. (1) Miss Barbara Low: 'The Psychological Compensations of the Analyst'. (2) The discussion on the Symposium was continued.

June 5, 1935. Mr. Walter Schmideberg: 'Agoraphobia and Schizophrenia: a contribution to the Analysis of the Psychoses'.

June 19, 1935. Conclusion of Symposium Discussion: points scheduled by Dr. Edward Glover.

Edward Glover,
Scientific Secretary.

Business Meetings

January 16, 1935. *Election of Member:* Dr. Woolf Sachs (of South Africa).

July 10, 1935. *Annual Meeting.* Dr. Ernest Jones in the Chair.

Reports were presented by the Scientific Secretary, Business Secretary, Treasurer and Librarian, and passed by the meeting.

Election of Officers: President, Dr. Jones; *Scientific Secretary,* Dr. Glover; *Business Secretary,* Dr. Payne; *Treasurer,* Dr. Bryan.

Election of three members of *Council:* Drs. Brierley, Eder, Adrian Stephen.

Election of Training Committee: Dr. Jones, Dr. Glover, Mrs. Klein, Dr. Payne, Dr. Rickman, Miss Sharpe.

Election of Librarian and Library Sub-Committee: Librarian, Miss Low; *Committee,* Dr. Brierley, Dr. Middlemore, Mr. Strachey.

Dr. Scott and Mr. Walter Schmideberg were elected Members.

Dr. Winn, of Sydney, New South Wales, was elected an Associate Member.

Dr. Staub's Membership was transferred from the Berlin Society to the British Society.

It was resolved that the Rules of the Society should be printed in the form of a leaflet, after consideration of them by the Council.

S. M. Payne,
Business Secretary.

CHICAGO PSYCHO-ANALYTIC SOCIETY

First and Second Quarters, 1935

January 12, 1935. Dr. Robert Knight: 'Theoretical and Practical Considerations in the Analysis of a Minister'.

January 26, 1935. Dr. Thomas Ratliff: 'A Case of Schizophrenia'

February 9, 1935. *Business Meeting.* The question of special meetings to which selected psychiatrists or medical men could be invited was discussed.

Scientific Meeting. Dr. Ives Hendrick (Boston): 'Defect in Ego Development and Character Neurosis'.

February 23, 1935. Dr. Catherine Bacon: 'Conflicts Related to the Feminine Rôle in a Case of Constipation and Bulimia'.

March 9, 1935. *Business Meeting.* Dr. French reported on the present status of the Constitutional Committee of the American Psycho-Analytic Society.

Further question of the requirements for Associate and Active Membership of the Chicago Psycho-Analytic Society and for training analysts was referred to the Educational Committee for consideration.

Scientific Meeting. Dr. George J. Mohr: 'Psychotherapy in Childhood'.

March 23, 1935. *Business Meeting.* A revised statement of requirements for a training analyst was presented by the Educational Committee. In this statement the scientific teaching and clinical ability of the training analyst is stressed.

Scientific Meeting. Dr. Leon J. Saul: 'A Note on the Psychogenesis of Organic Symptoms'.

April 27, 1935. *Business Meeting.* Discussion of the proposed constitution of the American Society.

May 25, 1935. Dr. Hymen Lippman (St. Paul): 'A Case of Obsessional Neurosis'.

June 8, 1935. Dr. Maurice Levine: (1) 'Notes on the Acting Out of Incest Urges'. Statistical data from twenty-six cases from social agencies in which father-daughter, brother-sister and mother-son incest occurred in the order of frequency mentioned.

(2) 'Interpretation of the Panic Reaction'.

June 22, 1935. *Business Meeting.* Dr. Robert Knight was elected Associate Member. The President, Vice-President and Secretary were re-elected for the following year.

Helen Vincent McLean,
Secretary-Treasurer.

DANISH-NORWEGIAN PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1935

May 14, 1935. Prof. Schjelderup: Clinical report.

May 20, 1935. Dr. Fenichel: 'The Instinct to Enrich Oneself'.

At the present time the passion for acquiring money manifests itself in the most varied forms, both normal and pathological. If we examine it, we observe the interaction of biological instinctual forces and social conditions. This exercises a great influence upon the relative distribution of libido between the different component-instincts, and serves also to provide definite objects for the biological instinctual demands. So far, investigations of the relations between money and anal erotism have been in many respects inadequate.

May 31, 1935. Review of Lasswell's *Psychopathology and Politics.*

June 7, 1935. Dr. Bråtoy: Clinical report.

June 17, 1935. Review of Cannon's *Bodily Changes in Fear, Hunger, Pain and Rage.*

June 21, 1935. Review of Piaget's works.

June 24, 1935. Dr. Fenichel: 'Thoughts on the Ironic Attitude towards the Self as a Defence-Mechanism against Anxiety'.

The analysis of irony and humour shews that in many forms of resistance during analytic treatment and, most markedly of all, in much of the play of children, an attitude of irony towards the self is adopted as a specific mechanism of defence against anxiety.

July 1, 1935. Dr. Nic Hoel: 'Problems of Hypochondria'.

DUTCH PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1935

May 25, 1935. (The Hague.) Dr. S. Weyl: 'Adventure'.

Election of Member: Dr. J. Tas.

Election of Associate Members: Dr. Jacques de Busscher, 14 rue Guinard, Gent. Dr. P. A. I. J. Nuysink, Nerve Specialist, 11 Koningskade, The Hague.

A. Endtz,
Secretary.

FINNISH-SWEDISH PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1935

I. Meetings

April 18, 1935. (1) *Business Meeting.* Statutes. Members' Subscriptions. (2) Dr. Kulovesi: (*a*) 'On symbolism'.

(*b*) 'A case of erythrophobia and psychogenic cutaneous changes'.

June 18, 1935. (1) Dr. Sandström: Abstract of his recent work: *En psykoanalytisk Kvinnostudie* (a psycho-analytical study of a woman).

(2) *Business Meeting.* Confirmation of *Election of Member:* Dr. phil. Tora Sandström.

II. Abstracts of Psycho-Analytical Literature

April 5, 1935. Ekman: Recent contributions to the problem of anxiety.

May 9, 1935. N. Bratt: Melanie Klein's *Psycho-analysis of Children.*

III. Control-Seminars

Control-seminars were held on April 25, May 7, June 4, 11 and 13, by Nielsen, Ekman and Nycander.

IV. Lectures

For physicians, teachers and others, held at the Serafinerlazarettet Hospital at Stockholm. (Attendance about 50.)

April 1, 1935. G. Lundberg: Problems of Upbringing.

April 15, 1935. Dr. Tamm: Intellectual Inhibitions.

Alfhild Tamm,
Secretary.

FRENCH PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1935

April 6, 1935. The President, Dr. Pichon, in the Chair.

Dr. Spitz: 'The Part Played by Social Factors in Determining the Choice of Neurosis'.

Election of Associate Members: Dr. J. L. Pierre, 39 Avenue Charles Flaquet, Paris VII.

Prince Pierre of Greece, 6 rue Adolphe Yvon, Paris XV.

May 18, 1935. The President, Dr. Pichon, in the Chair.

Dr. Pizarro Crespo: 'Psychic Factors in Clinical Cases'.

Drs. Laforgue and Leuba were nominated as delegates to the Ninth Conference of French-speaking Psycho-Analysts, where they will report on 'Neurotic Families and Family Neuroses'.

June 18, 1935. The President, Dr. Pichon, in the Chair.

Dr. Odette Codet: 'Three Cases of Mental Anorexia'.

Election of Associate Member: Mademoiselle Guex, 9 Florimont, Lausanne (Switzerland).

Election of Members: Dr. Odette Codet and Dr. René Spitz.

The date of the Ninth Conference of French-speaking Psycho-Analysts was fixed for Easter, 1936. At the request of Dr. de Saussure, who is issuing the invitations, the Congress will meet at Morges, Switzerland.

On account of the holidays no meeting was held during July.

Dr. J. Leuba,
Secretary.

HUNGARIAN PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1935

April 12, 1935. Dr. I. Hollós: Report on I. Hermann's *Die Psychoanalyse als Methode.*

May 10, 1935. Frau Dr. L. K. Rotter: 'The Archaic Back-ground of the Incestuous Fixation'.

May 24, 1935. Dr. N. Sugar (guest of the Society): 'A View into the Future of Psycho-Analysis'.

May 25, 1935. *Ferenczi Memorial Meeting.* (1) Dr. I. Hollós: Opening

speech. (2) Dr. G. Róheim: Lecture in memory of Ferenczi: 'The Garden of Eden or the Psychology of Mankind'.

June 14, 1935. Dr. L. Révész: Report on the Four-Countries Conference in Vienna.

June 21, 1935. Dr. G. Dukes: 'On the Limitation of Responsibility'.

Dr. Hermann,
Secretary.

THE NEW YORK PSYCHO-ANALYTIC SOCIETY

Second Quarter, 1935

April 30, 1935. Dr. Ives Hendrick: 'The Sexualization of Hostile Trends in Dream Resistance and in Schizophrenia'.

May 21, 1935. Two papers on the subject of 'Lactation in a Virgin'. Dr. Walter Briehl (by invitation) covered the psychic aspects of the case presented, and Dr. Ernest W. Kulka (by invitation) the somatic aspects.

During this quarter, the following were admitted to active membership in the Society: Dr. Karen Horney (by transfer from the Chicago Society), Dr. Simon Rothenberg, and Dr. William J. Spring.

George E. Daniels,
Secretary.

VIENNA PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1935

April 24, 1935. Dr. Ernest Jones (London) (guest of the Society): 'Early Stages in Female Sexual Development'.

May 15, 1935. Dr. Michael Bálint (Budapest) (guest of the Society) Critical notes on the Theory of Pregenital Organizations'.

May 29, 1935. Dorothy Tiffany Burlingham: 'The Empathy of Little Children with their Mothers'.

It was decided that a separate report should be drawn up of the Conference to be held from June 8–10 for members of the Hungarian, Italian and Vienna Psycho-Analytical Societies and of the Prague Study Group.

June 19, 1935. Dr. Erwin Stengel: 'The Obsessional Personality in Schizophrenia'.

Business Meeting. Frau Else Heilpern-Fuchs' membership was transferred from the German to the Vienna Psycho-Analytical Society.

Robert Wälder,
Secretary.

LIST OF MEMBERS OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

AMERICAN PSYCHO-ANALYTIC ASSOCIATION

Ames, Dr. Thaddeus Hoyt, 55 Park Avenue, New York.
Amsden, Dr. George, 25 East 67th Street, New York.
Asch, Dr. J. J., 111 East 80th Street, New York.
Bartemeier, Dr. Leo, 8–259 General Motors Building, Detroit, Mich.
Blitzten, Dr. Lionel, 257 East Delaware Place, Chicago, Ill.
Blumgart, Dr. Leonard, 152 West 57th Street, New York.
Brill, Dr. A. A., 88 Central Park West, New York (*President*).
Burrow, Dr. Trigaut, 67 Park Avenue, New York.
Chamberlain, Dr. H. E., Bobbs Roberts Memorial Hospital, 920 East 59th Street, Chicago, Ill.
Chapman, Dr. Ross McClure, Sheppard and Enoch Pratt Hospital, Towson, Md.
Clark, Dr. L. Pierce, 2 East 65th Street, New York.
Coriat, Dr. J. H., 416 Marlborough Street, Boston, Mass.
Dannemann-Colomb, Dr. Anna C., 61 Slater Avenue, Providence, Rhode Island.
Dooley, Dr. Lucile, 2440 16th Street, N.W., Washington, D.C.
Emerson, Dr. L. E., 64 Sparks Street, Cambridge, Mass.
Farnell, Dr. F. J., 577 Angell Street, Providence, Rhode Island.
Feigenbaum, Dr. Dorian, 60 Gramercy Park, New York.
French, Dr. Thomas M., Bloomingdale Hospital, White Plains, New York.
Glueck, Dr. Bernard, 66 Park Avenue, New York.
Graven, Dr. Philip S., 2007 Massachusetts Avenue, N.W., Washington, D.C.
Gregory, Dr. M. S., Medical Arts Building, Oklahoma City, Oklahoma.
Hadley, Dr. Ernest E., 1835 Eye Street, N.W., Washington, D.C. (*Secretary-Treasurer*).
Haines, Dr. Thomas H., 471 Park Avenue, New York.
Hamill, Dr. Ralph, 8 South Michigan Avenue, Chicago, Ill.
Hill, Dr. Lewis B., 700 Cathedral Street, Baltimore, Md.
Hutchings, Dr. R. H., Utica State Hospital, Utica, New York.
Isham, Dr. Mary Keyt, 1406 East McMillan Street, Cincinnati, Ohio.
Jelliffe, Dr. Smith Ely, 64 West 56th Street, New York (*Vice-President*).
Johnson, Dr. Loren B. T., 1900 24th Street, N. W., Washington, D.C.
Kardiner, Dr. A., 646 Park Avenue, New York.
Kempf, Dr. E. J., Wading River, Long Island, New York.
Kenworthy, Dr. Marion, 1035 Fifth Avenue, New York.
Lehrman, Dr. Philip, 25 Central Park West, New York.

Levy, Dr. David, 145 East 57th Street, New York.
Lewin, Bertram D., 25 Fifth Avenue, New York.
Lewis, Dr. Nolan D. C., St. Elizabeth's Hospital, Washington, D.C.
Lorand, Dr. Alexander, 115 East 86th Street, St. Albany, New York.
McCord, Dr. Clinton P., 74 Willett Street, Albany, New York.
McPherson, Dr. D. J., Peter Bent Brigham Hospital, Boston, Mass.
Menninger, Dr. Karl, The Menninger Clinic, Topeka, Kansas.
Meyer, Dr. Adolf, Phipps Clinic, Baltimore, Md.
Meyer, Dr. M. A., 660 Madison Avenue, New York.
Oberndorf, Dr. C. P., 112 West 59th Street, New York.
Peck, Dr. Martin W., 37 Marlborough Street, Boston, Mass.
Pope, Dr. Curran, 115 West Chestnut Street, Louisville, Kentucky.
Powers, Dr. Lillian D., 128 West 59th Street, New York.
Reed, Dr. Ralph, 180 East McMillan Street, Cincinnati, Ohio.
Reede, Dr. Edward Hiram, Medical Science Building, Washington, D.C.
Saunders, Dr. Eleanora, Sheppard and Enoch Pratt Hospital, Towson, Md.
Schoenfeld, Dr. Dudley D., 116 West 59th Street, New York.
Silverberg, Dr. William V., 46 West 95th Street, New York.
Singer, Dr. H. D., 30 North Michigan Boulevard, Chicago, Ill.
Smeltz, Dr. George, 121 University Place, Pittsburg, Pennsylvania.
Sniffen, Dr. Stewart, 145 East 57th Street, New York.
Stern, Dr. Adolph, 57 West 57th Street, New York.
Stragnell, Dr. Gregory, 320 East 42nd Street, New York.
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VOL. XVI JANUARY, 1935 PART 1

THE INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

DIRECTED BY
SIGM. FREUD

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INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
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PRESIDENT OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

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PUBLISHED FOR
THE INSTITUTE OF PSYCHO-ANALYSIS
BY
BAILLIÈRE, TINDALL & COX, 7 & 8 HENRIETTA STREET, COVENT GARDEN,
LONDON, W.C. 2

THE
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